

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

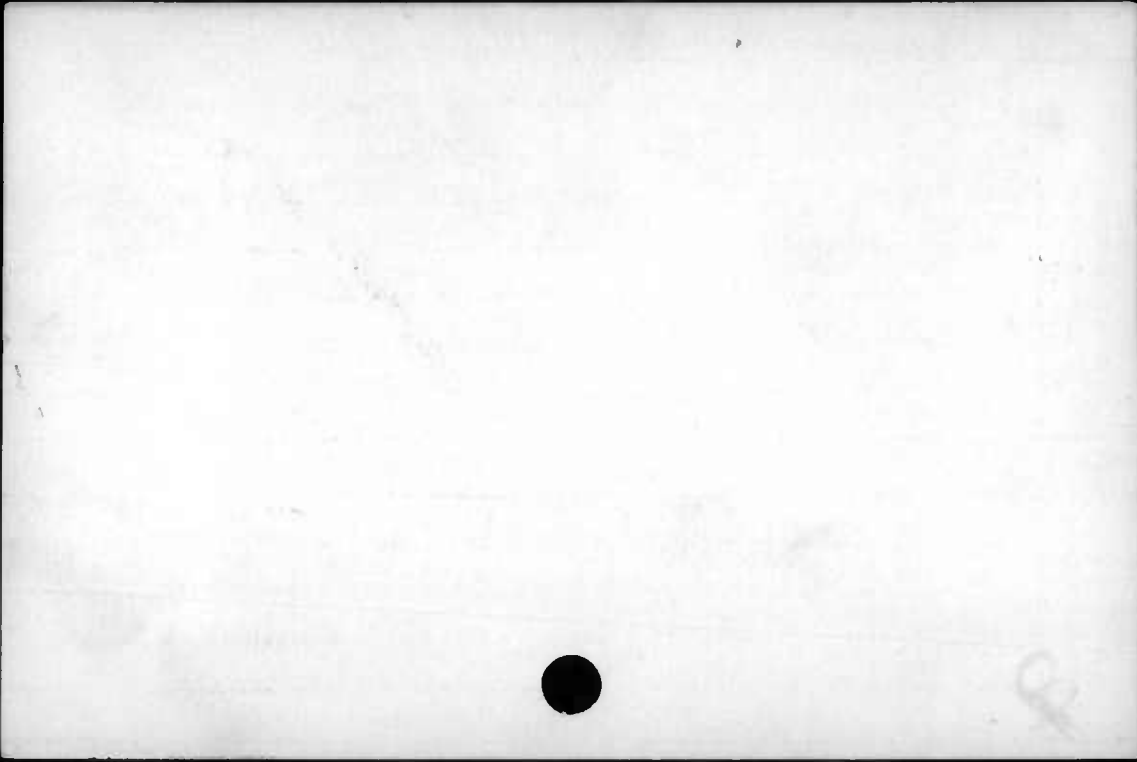
Died at <i>Bunkittsville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Apr.</i>	Day <i>24</i>	Age <i>68</i>	Years	Months <i>10</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda Asherman</i>						
Father's Name <i>John Asherman</i>	Father's Birthplace <i>Fred. Co.</i>						
Mother's Maiden Name <i>Sydia Arnold</i>	Mother's Birthplace <i>Fred. Co.</i>						
Name of person giving information <i>Samuel Asherman</i>	How related to deceased <i>Son.</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Infiltrative</i>	How long <i>5 yrs</i>
Immediate <i>Cardiac Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George J. Jones</i>
	Address <i>Bunkittsville Md</i>
Accident or Suicide?	



Name
in
Full

Sarah Susan Bastion

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>April</i>	Day	<i>26</i>	Age	<i>54</i>	Months	<i>5</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick Co., Md.</i>		
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death		<input checked="" type="checkbox"/>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>James W. Bastion</i>				
Father's Name	<i>David Fogle</i>					Father's Birthplace	<i>Dan. Howard</i>		
Mother's Maiden Name	<i>Catherine Fogle</i>					Mother's Birthplace	<i>" "</i>		
Name of person giving information	<i>W. D. Bastion</i>					How related to deceased	<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	<i>(93)</i>	How long	<i>12 days</i>
Immediate	<i>Paralysis of Throat</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
<i>to best of my knowledge</i>		Address		<i>Woodlawn Md.</i>
Accident or Suicide?		<input checked="" type="checkbox"/>		

P. L. Grossnickle

Johnsville
Md.

Name
in
Full

Rachel Ann Baton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

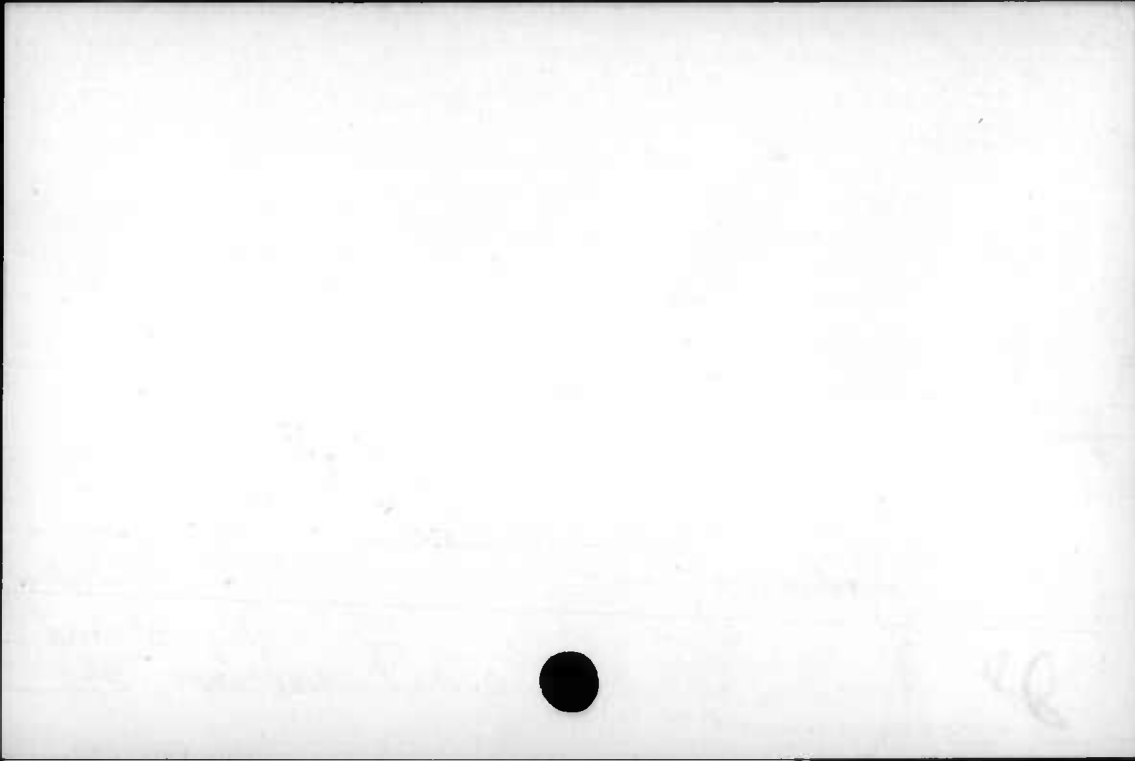
Died at <i>Frederick</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>4</i>		Day <i>18</i>		Age <i>—</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>md</i>		Months <i>4</i>		Days <i>5</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Spriggs</i>				Father's Birthplace <i>md</i>		Mother's Maiden Name <i>Nancy Baton</i>			
Mother's Maiden Name <i>Nancy Baton</i>				Mother's Birthplace <i>md</i>		Name of person giving information <i>Nancy Baton</i>			
Name of person giving information <i>Nancy Baton</i>				How related to deceased <i>mother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>2 or 3 day</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>El S. Bourne md</i>	
<i>8</i>		Address <i>Frederick md</i>	
Accident or Suicide? <i>—</i>		<i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

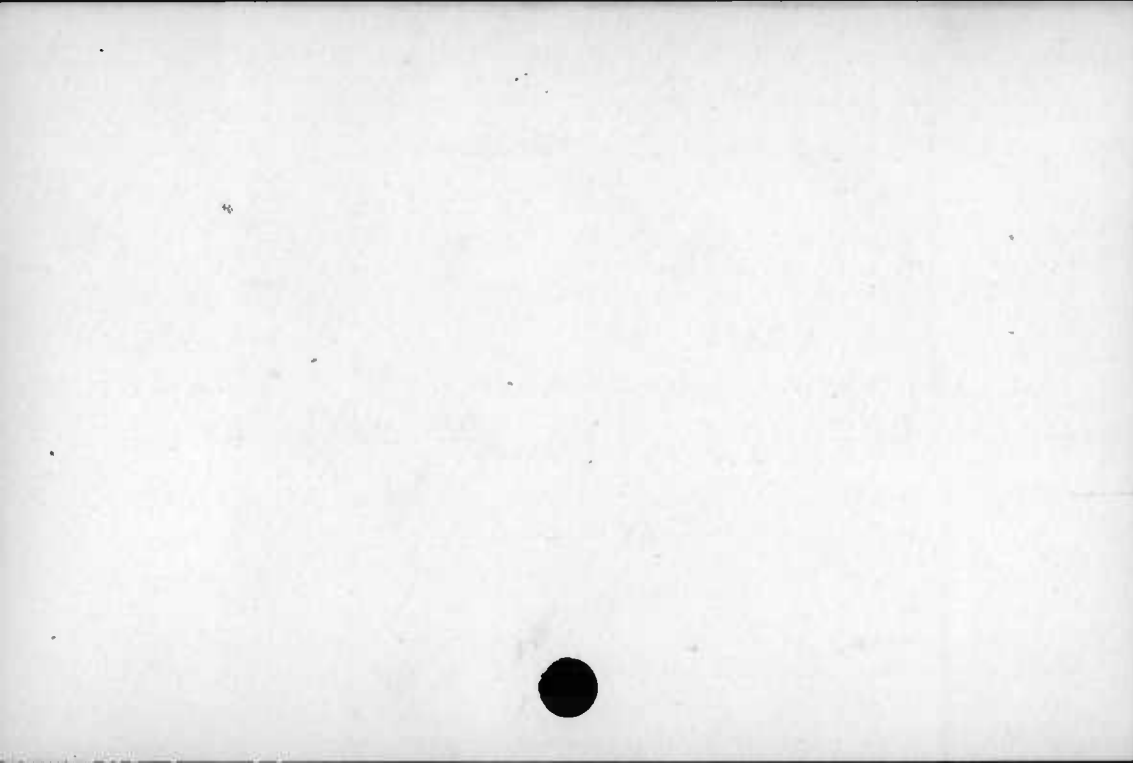
Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	April	Day	26	Age	57
Sex	Female		Color or Race	white		Birth-place	<i>St. Geo. Co. Md.</i>
Occupation	<i>Susan Lunnah</i>			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Unknown</i>			
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Hospital Records</i>					How related to deceased	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Melancholia</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>		
	Address <i>Frederick, Md.</i>		
Accident or Suicide?			



Name
in
Full

Franklin W. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i>		Town		<i>Fredericks</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>4</i>	Day	<i>10</i>	Age	<i>45</i>	Years	Months
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>21, Va</i>		
Occupation	<i>Labores</i>		Where Residing if not at place of death		<i>Same</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Elizabeth Jeanis</i>				
Father's Name	<i>Charles Brown</i>		Father's Birthplace		<i>Va</i>				
Mother's Maiden Name	<i>Catherine Lyle's</i>		Mother's Birthplace		<i>Va</i>				
Name of person giving information	<i>Mrs. Sarah Johnson</i>		How related to deceased		<i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm M. Smit</i>	
Accident or Suicide?		Address	
<i>J</i>		<i>Fredericks Md</i>	

Dr Meredith Smith

Laboring-Sons Cemetery
Apr 13 —

Name
in
Full



CERTIFICATE OF DEATH

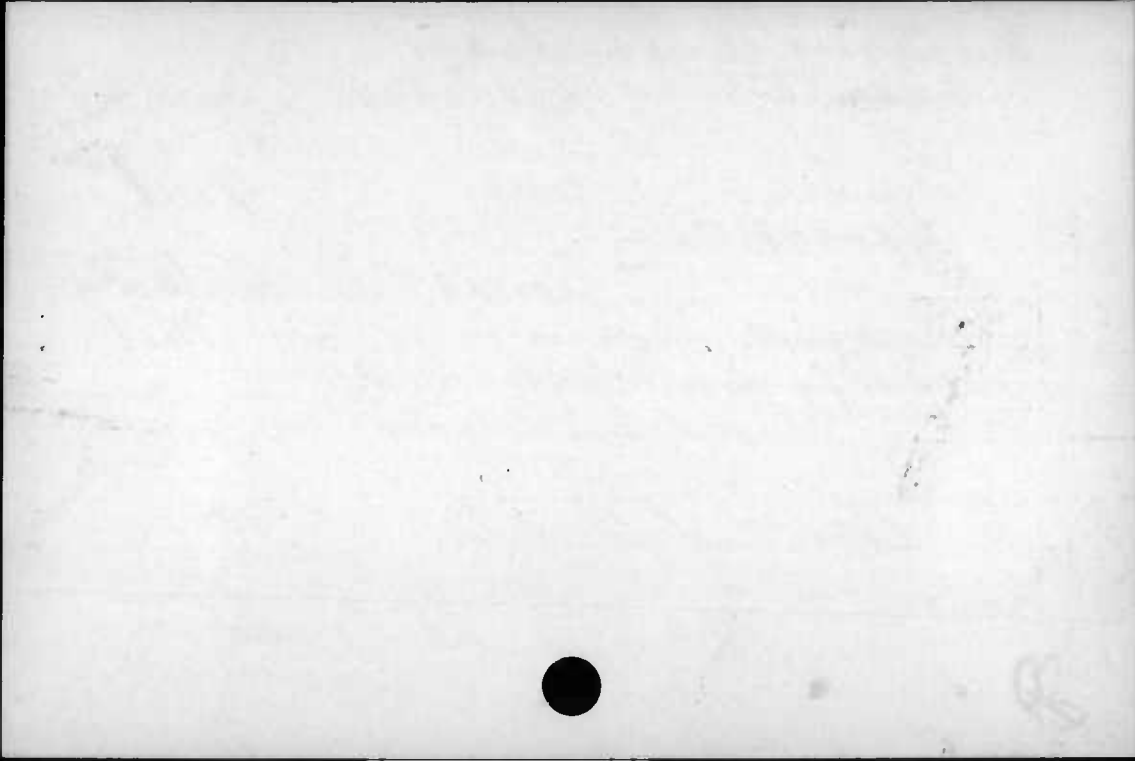
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellerton</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Apr</i>	Day	<i>8</i>
Age	<i>65</i>	Years	<i>15</i>	Months	<i>14</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<i>Susan Surman</i>		
Father's Name	<i>William Clark</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Elizabeth Lacy</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Thomas Bittle</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>120</i>
Immediate	<i>Uremia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Ralph Brown</i>	
Address		<i>Myersville, Md.</i>	
<div>  </div>			
<div>  </div>			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catharine Culbertson</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Emmitsburg</i>		City <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>15</i>	Age <i>62</i>	Months <i>1</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife Husband <i>James F. Culbertson</i>				
Father's Name <i>David Turner</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Eliza Shildelders</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>James F. Culbertson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary

Cancer of Bowel

How long

1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

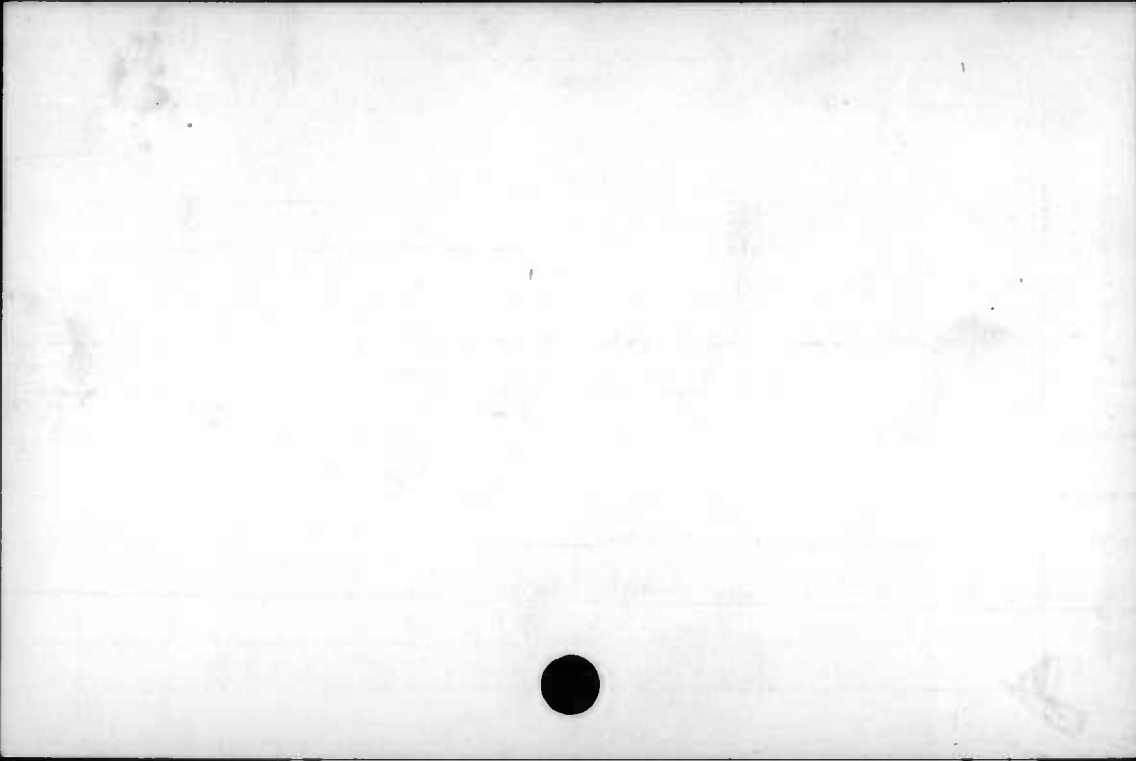
Yes

Signature of Physician

Address

Chas. H. S. Stearns
Emmitsburg Md

Accident or Suicide?



Name
in
Full

Austin D. Dinterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pearl</i> ^{Town}		<i>Fredk</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>22</i>	Age <i>—</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pearl</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Lewis D. Dinterman</i>			Father's Birthplace <i>Fredk. Co Md</i>		
Mother's Maiden Name <i>Sarah A. Bell</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mr. Dinterman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Biggs</i>
<i>J</i>	Address <i>Springsville Md</i>
	Accident or Suicide? <i>—</i>

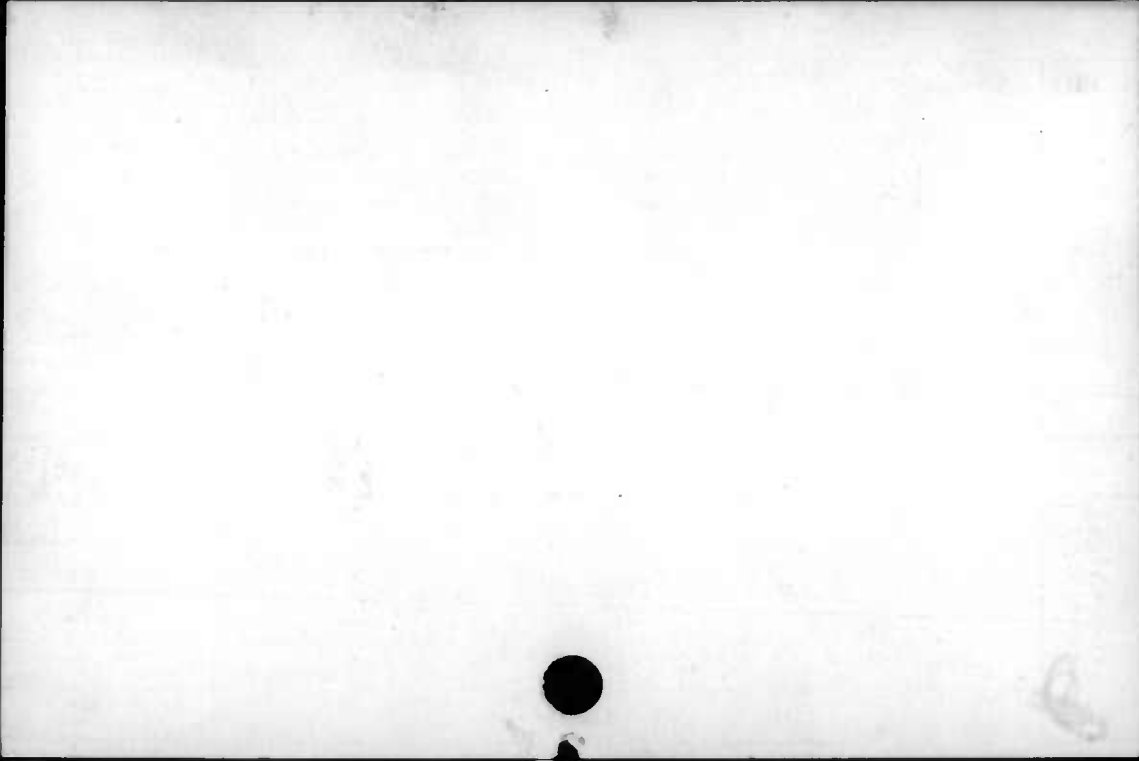
Interment at Mt Carmel

" Apr 24 - 07

— Thomas P. Rice

4/25

Name in Full		Tyson David Lubel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Walpole</u>		Town		County <u>Frederick</u>		State <u>MARYLAND</u>
	Date of death <u>1907</u>		Month <u>April</u>	Day <u>19</u>	Age <u>47</u>	Years	Months <u>5</u>
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
	Occupation <u>Farmer</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Amanda Lubel</u>					
	Father's Name <u>John Lubel</u>		Father's Birthplace <u>Maryland</u>				
	Mother's Maiden Name <u>Mahala Markham</u>		Mother's Birthplace <u>"</u>				
Name of person giving information <u>Amanda Lubel</u>		How related to deceased <u>Wife</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Phthisis Pulmonalis</u>		How long <u>6 mo.</u>				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. C. Wheeler M.D.</u>				
	Accident or Suicide?		Address <u>Brownboro Washington Co</u>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month <i>April</i>	Day <i>7</i>	Years <i>48</i>	Months <i>7</i> Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Weth. Co. Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Base of road</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Anglerberger</i>				
Father's Name <i>Lewis Dutrow</i>	Father's Birthplace <i>Weth. Co. Md.</i>				
Mother's Maiden Name <i>Catharine Bruegle</i>	Mother's Birthplace <i>Weth. Co. Md.</i>				
Name of person giving information <i>Family Record</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease & Paralysis</i>	How long <i>Two weeks</i>
Immediate <i>Asthma & Anemia</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. V. Haffner, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>No</i>	

Columbiana

9

Name
in
Full

Lydia

Eigenbrode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{near} *Thurmont* Town*Frederick* County

MARYLAND

Date of death *1907* *April* Month

Day

11

Age

Years

65

Months

4

Days

*4*Sex *Female*Color or
Race*White*Birth-
place*near Thurmont Md*

Occupation

*Housewife*Where Residing if not
at place of death*1*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Daniel Eigenbrode*Father's
Birthplace*Fredk Co Md*Mother's
Maiden Name*Elizabeth Harp*Mother's
Birthplace*Fredk Co Md*Name of person giving
In formation*Jacob Eigenbrode*How related
to deceased*Brother*

CAUSES OF DEATH

66

Primary

Arterio-sclerosis & Bright's disease

How long

10 years

Immediate

Hemiplegia

How long

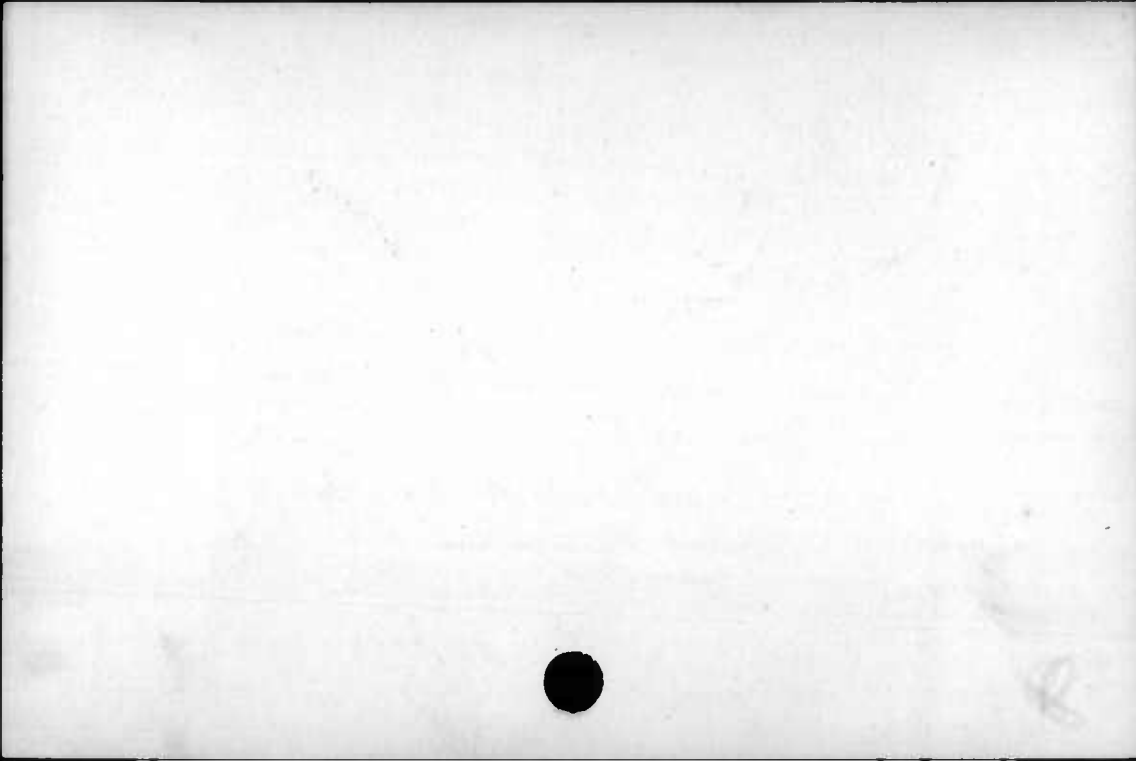
*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. C. Refavor*

Address

Thurmont Md

Accident or Suicide?

2



Name
in
Full

Mary Evans

CERTIFICATE OF DEATH

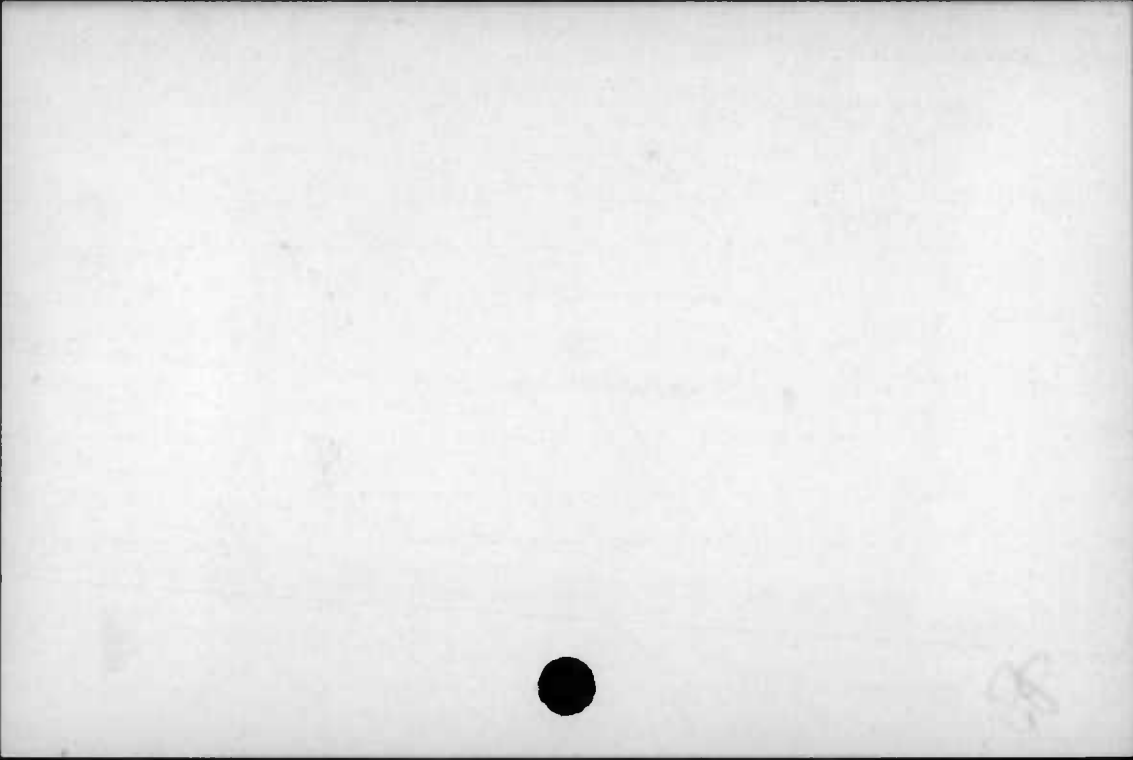
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montgomery Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>14</i>	Age <i>80</i>	Years <i>Unknown</i>	Months <i>Unknown</i>	Days <i>Unknown</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth place <i>Frederick Co</i>				
Occupation <i>House-wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Hospital Records</i>				How related to deceased <i>Unknown</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Sensitivity</i>	<i>142</i>	How long
Immediate <i>Barium</i>		How long <i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson</i>
		Address <i>Frederick Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

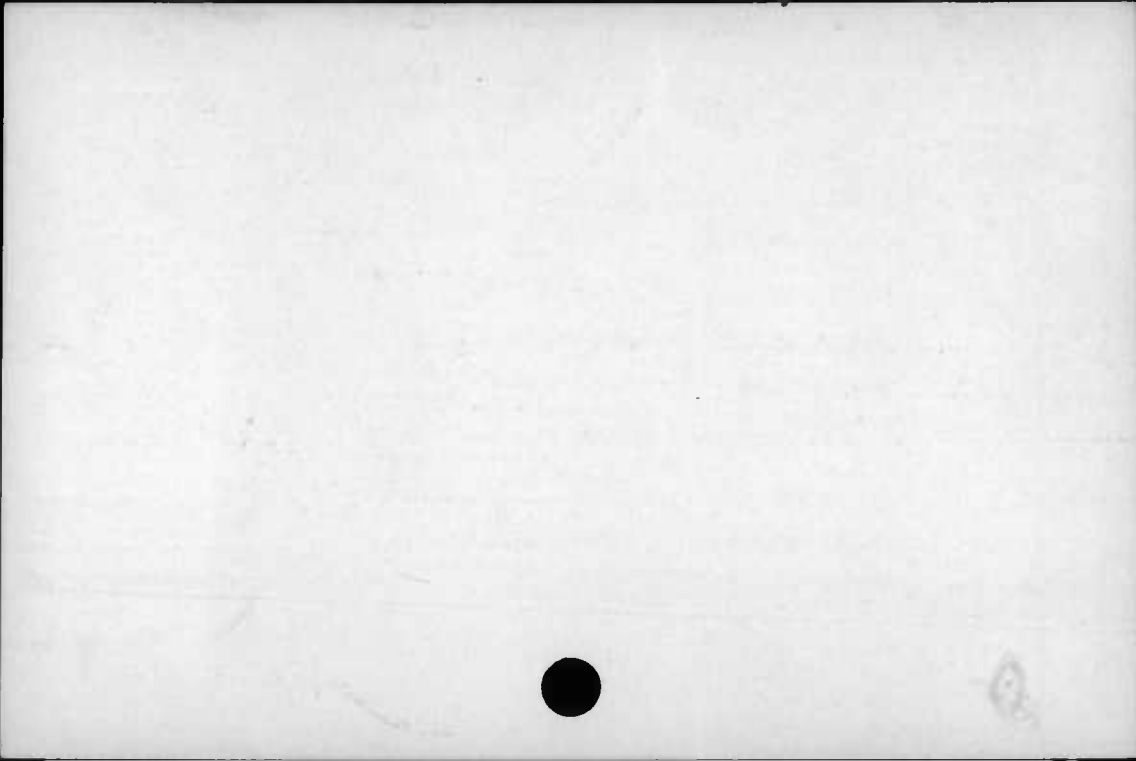
Surname, <i>Orliah Fairs</i>		Town <i>Danny</i>		County <i>Prichard</i>		MARYLAND	
Died at <i>Danny</i>							
Date of death <i>14</i>		Month <i>April</i>		Day <i>16</i>		Years <i>54</i>	
Age <i>54</i>				Months <i>11</i>		Days <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ellenton</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Danny</i>					
Married, Single or Widowed		Name of Wife or Husband <i>George Fairs</i>					
Father's Name <i>Orliah Delante</i>		Father's Birthplace <i>Ellenton</i>					
Mother's Maiden Name <i>Susan Burke</i>		Mother's Birthplace <i>Same</i>					
Name of person giving information <i>Elinor Fisher</i>		How related to deceased					

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Rectum</i>		How long <i>3 yrs.</i>	
Immediate <i>Exhaustion</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ralph Branning</i>	
<i>J</i>		Address <i>Myersville, Md</i>	
Accident or Suicide?			



Name
in
Full

Emory E. Faulders



CERTIFICATE OF DEATH

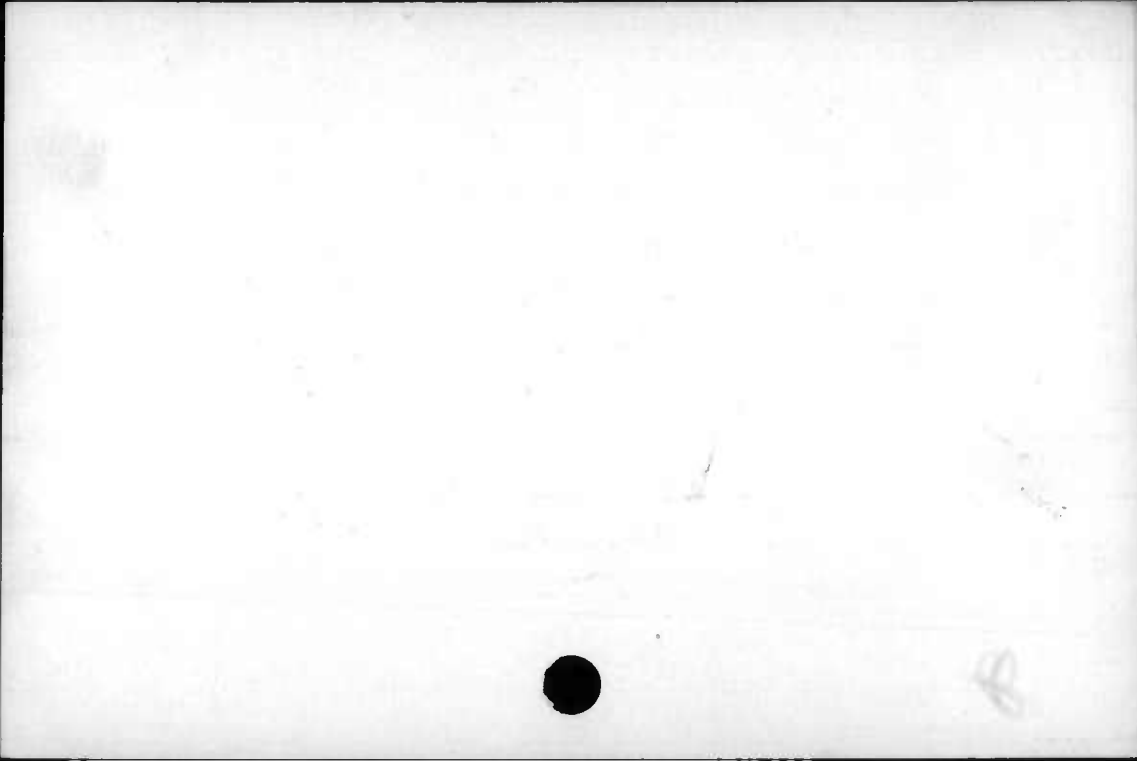
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pharmant-Wash</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1907	Month	April	Day	16	Age	66
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Henriette E. Faulders</i>				
Father's Name	<i>Daniel Faulders</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name	<i>Lillian Faulders</i>			Mother's Birthplace <i>"</i>			
Name of person giving information	<i>Henriette Faulders</i>			How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease Heart</i>	How long	<i>2 yrs -</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. C. Wheeler M.D.</i>
		Address	<i>Boonsboro</i>
			<i>Washington Co.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ralph H. Fogle		Town Fredricks		County Fredricks		State MARYLAND	
Died at		Month 4		Day 1		Years —	
Date of death 1907		Age —		Months —		Days 3	
Sex Male		Color or Race White		Birth-place Fredricks			
Occupation —				Where Residing if not at place of death Lance			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Marshall H. Fogle		Father's Birthplace F. Co. Md					
Mother's Maiden Name Jennie V. Kemmer		Mother's Birthplace " " "					
Name of person giving information Mr. Fogle		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Interno	(151)	How long 48 hours
Immediate Exhaustion		How long 3 or 4 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Sabner
J		Address 73 E Church St.
Accident or Suicide? —		

Dr Burch

Interment Apr 2 -

" at Mt Olivet

Thomas P Rice

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Matilda
Town
FredrickFont
County
Fredrick

MARYLAND

Date

of death 1907

Month

April

Day

15

Age

Years

75

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Single

Name of Wife or
HusbandFather's
Name

Peter Font

Father's
BirthplaceMother's
Maiden Name

Mary Pyfer

Mother's
BirthplaceName of person giving
Information

Miss Smith

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Pneumonia

93

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Mrs. Crawford L. L. L.
Fredrick
Md.

Accident or Suicide?

No

B. B. Baily
Molokai

Apr-18-1907

Name
in
Full

Mary Ellen Glessner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Frederick* ^{County} *Frederick* MARYLAND

Date of death 1907 ^{Month} 4 ^{Day} 16 Age ^{Years} 75 ^{Months} 11 ^{Days} 19

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of ~~Wife~~ Husband *George W. Glessner*

Father's Name *George Winebrenner* Father's Birthplace *Pa*

Mother's Maiden Name *Hannah King* Mother's Birthplace *"*

Name of person giving information *Geo. W. Glessner* How related to deceased *Son*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *General debility* How long *3 Weeks*

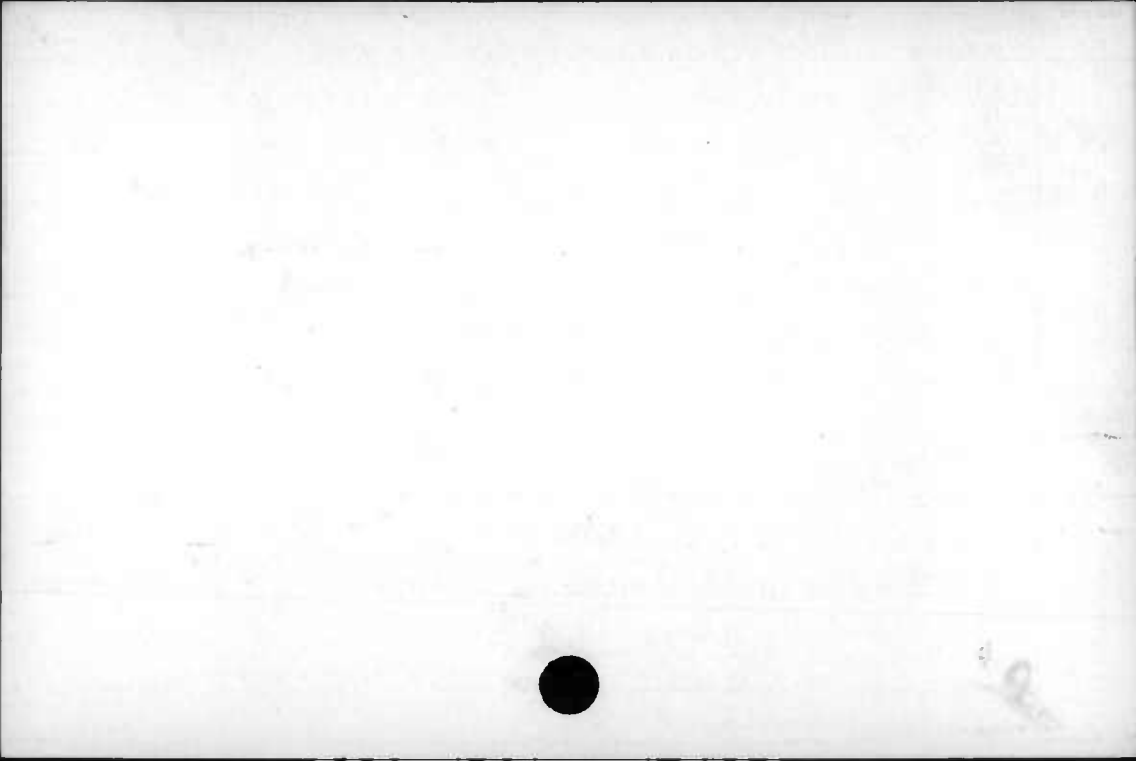
Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. M. Goodman M.D.*

Address *27 E. Patrick St.,
Frederick Md.*

Accident or Suicide? *no*



Name
in
Full

Perry Stephenson Grove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	4	Day	15	Years	26
Sex	Male	Color or Race	White	Birth-place	Ohio	Months	6
Occupation	Laborer		Where Residing if not at place of death	Same			
Married, Single or Widowed	Married	Name of Wife or Husband	Alice Crawford				
Father's Name	Abraham Grove			Father's Birthplace	Ft. Co. Md		
Mother's Maiden Name	Fannie Whisner			Mother's Birthplace	" " "		
Name of person giving information	Mrs. Grove			How related to deceased	Widow		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>(Typhoid) Cardiac Collapse</i>	How long	<i>34 hours</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Dr. M. C. Cundy</i>	
Address		_____	

Accident or Suicide? *_____*

Interment at Mt Olivet

" Apr 17 —

Thomas P Rice

Name
in
Full

Roger M. Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Fredrick</u>		County <u>Fredrick</u>			
Date of death 1907	Month <u>4</u>	Day <u>8</u>	Age <u>1</u>	Months <u>5</u>	Days <u>3</u>
Sex <u>M</u>	Color or Race <u>Black</u>		Birth-place <u>Fredrick</u>		
Occupation _____			Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Wm. W. Hammond</u>			Father's Birthplace <u>Fredrick Co Md</u>		
Mother's Maiden Name <u>Sarah C. Goins</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving Information <u>Wm. W. Hammond</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<u>Acute Meningitis</u>	How long <u>10 days</u>
Immediate	<u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>M. A. Long</u>
		Address <u>Fredrick Md</u>
Accident or Suicide <u>_____</u>		

Interment Apr 9 - 09

" at Bartonisville Cemetery

Thomas P. Rice F. O.

Dr. Long-

Dr Mc Gurdy

Dr Goodell

Name
In
Full

Phoenix Edwards Heardy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

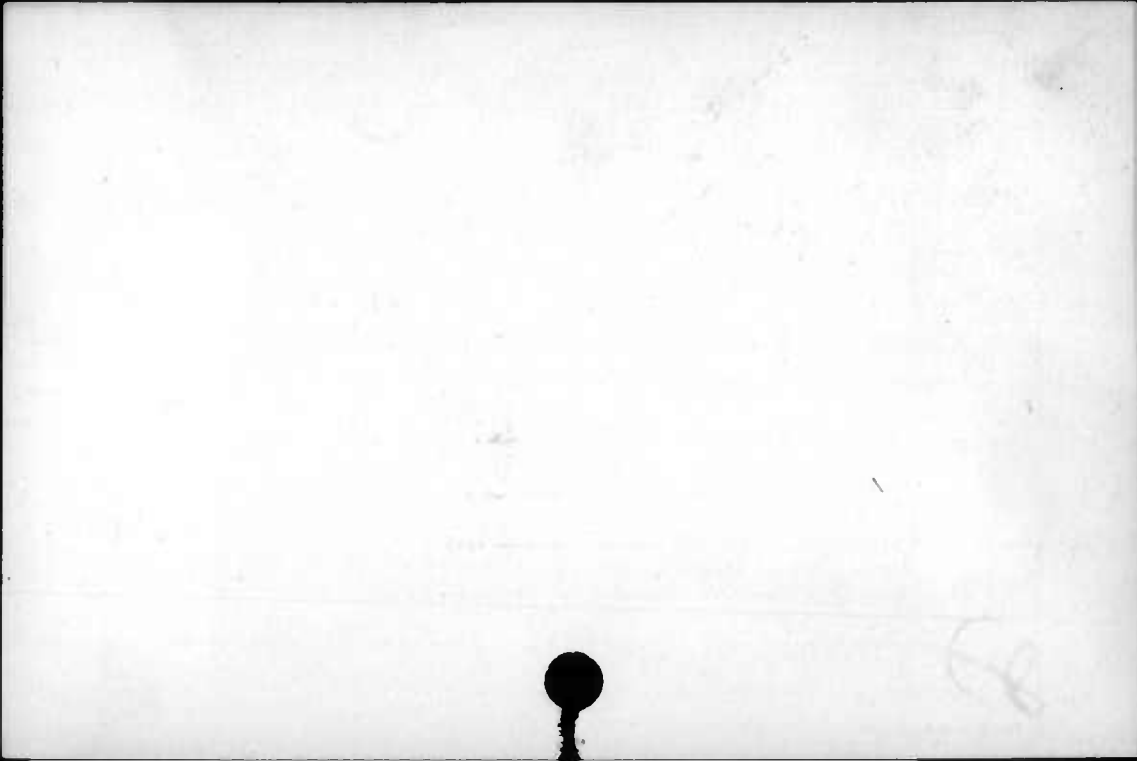
Died at <u>Burkittsville</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>April</u>	Day <u>11</u>	Years <u>77</u>	Months <u>5</u>
Sex	<u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Ohio</u>	Days <u>14</u>
Occupation	<u>Physician (retired)</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widowed</u>		Name of Wife or Husband <u>Katherine B Hardy</u>		
Father's Name	<u>Geo Jefferson Hardy</u>		Father's Birthplace <u>Ind</u>		
Mother's Maiden Name	<u>Editha Edwards</u>		Mother's Birthplace <u>Ind</u>		
Name of person giving information	<u>Henry Wiener</u>		How related to deceased <u>Bro. in Law</u>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<u>Hypostatic Pneumonia</u>	How long	<u>2 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Geo. Younker</u>	
Accident or Suicide?		Address	
<u>No</u>		<u>Burkittsville Ind</u>	



Name
in
Full

Mrs Sarah Hargett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		County <i>11</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>14</i>	Age <i>62</i>	Years <i>8</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co Md</i>		
Occupation <i>Home</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>W Richard Hargett</i>			
Father's Name <i>Hezekiah Bailey</i>		Father's Birthplace <i>Frederick Co Md</i>			
Mother's Maiden Name <i>Margaret Beal</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>John Hargett</i>		How related to deceased <i>Sons</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brainia</i>	(54)	How long <i>one year</i>
Immediate <i>Coma</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Maynard</i>
<i>[Signature]</i>		Address <i>17 Second St W.</i>
Accident or Suicide? <i>—</i>		

C. C. Carty

M O Carty

April 17 - 1907

Name
in
Full

Annie Catharine Hartman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pearl</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Apr</i>	Day <i>26</i>	Age <i>55</i>	Years <i>X</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick County</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Valentine Hartman</i>				
Father's Name <i>Jno Hamilton</i>	Father's Birthplace <i>Frederick Co</i>				
Mother's Maiden Name <i>Lease</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Jos. Hartman</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Cardiac Collapse</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Cundy</i>
<i>2</i>	Address
Accident or Suicide	

Mx Lammel.

Apr 28 1907

L. L. Hardy F.D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

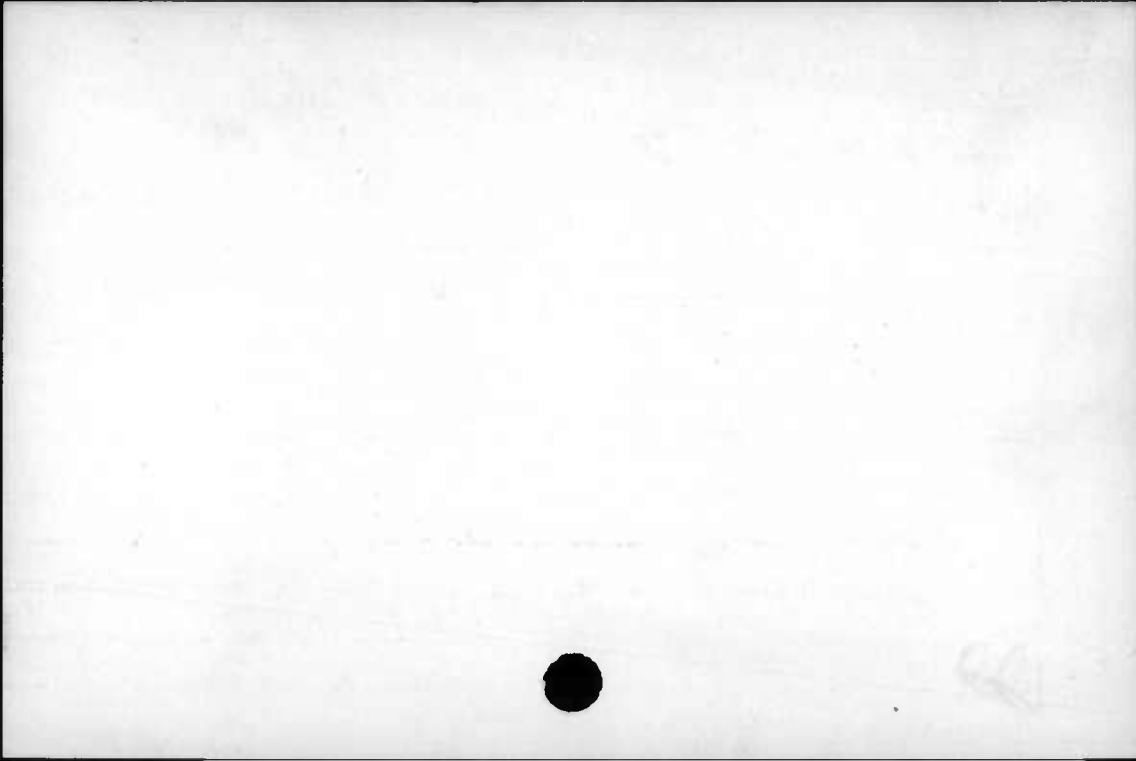
Name in Full <i>Mrs Mary Ann Heiser</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at		Month <i>April</i>		Day <i>18</i>		Years <i>17</i>	
Date of death <i>1907</i>		Months <i>5</i>		Days <i>3</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harmony Grove</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harry Heiser</i>					
Father's Name <i>Reuben Plummer</i>		Father's Birthplace <i>Fredk. Co</i>					
Mother's Maiden Name <i>Anna M. Balson</i>		Mother's Birthplace <i>Fredk. Co.</i>					
Name of person giving information <i>Mother of deceased</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary	<i>Mercurial Poisoning</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm M. Smith</i>	
<i>2</i>		Address <i>Frederick Md.</i>	
Accident or Suicide? <i>Suicide</i>			



Name
in
Full

Charles L. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near</i> <i>Mt. Pleasant</i> <i>Town</i>		<i>Frederick</i> <i>County</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>4</i>	Day <i>4</i>	Age <i>1</i>	Months <i>7</i> Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>Black.</i>		Birth-place <i>Mt Pleasant</i>	
Occupation _____		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Charles H. Hill</i>		Father's Birthplace <i>Frederick Md</i>			
Mother's Maiden Name <i>Katie Smith</i>		Mother's Birthplace " " "			
Name of person giving information <i>Chas A. Hill</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pulmonary consumption</i>	How long <i>9 Months</i>
Immediate <i>Pneumonia</i>	How long <i>8 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. E. Stone M.D.</i>
<i>J</i>	Address <i>Mt Pleasant Md</i>
Accident or Suicide? <i>—</i>	

Internment at Silver Hill

" Apr 8 —

Thomas P. Rice

(apl. 9/)

Name
in
Full

Belva Geneva Viola Horner

CERTIFICATE OF DEATH

Died at ^{near} Woodabow ^{Town}Frederick ^{County}

MARYLAND

Date
of death 1907 AprilDay
2

Age

Years

Months

Days
7

Sex Female

Color or
Race

White

Birth-
place

Frederick Co. Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles Henry Horner

Father's
Birthplace

Adams Co. Pa

Mother's
Maiden Name

Sarah Ellen Anders

Mother's
BirthplaceName of person giving
In formation

Chas. H. Horner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bluer Baby - Caused by imperfect closure of
Paramen Orals

How long

7 days

Immediate

Internal Spasms

How long

24 hrs -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. A. Stutz

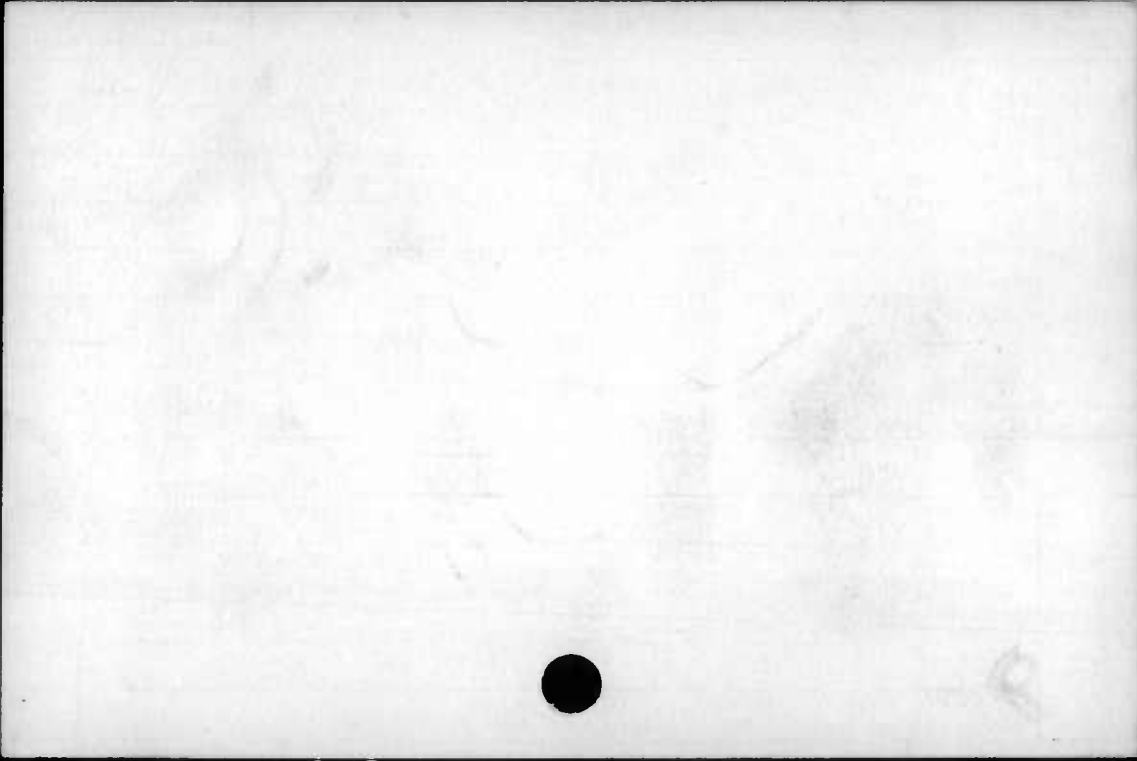
Address

Woodabow

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Hennietta Jones

CERTIFICATE OF DEATH

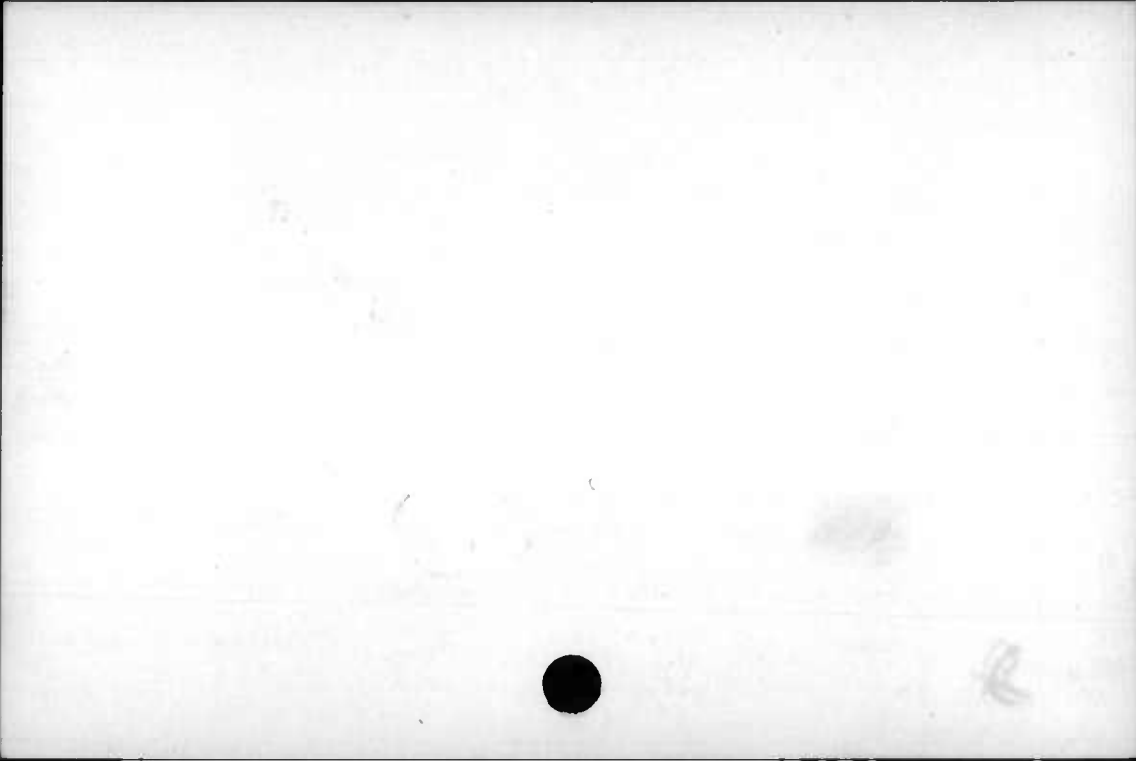
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Liberty</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>12</i>	Age <i>80</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>John L. Leland</i>		✓ Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>B. S. Jones</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>	(97)	How long
Immediate <i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. T. Swadlow</i>
<i>J</i>		Address <i>Dr. T. E. R. MILLER</i>
		<i>FREDERICK, MD.</i>
Accident or Suicide?		



Name
in
Full

George Washington Heller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fred. Co</u> Town		<u>Fred.</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>9</u>	Age <u>68</u>	Years	Months <u>1</u> Days <u>X</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Fred. Co</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>X</u>				
Married, single or widowed	Name of Wife or Husband <u>Mrs Betty Rhett Heller</u>				
Father's Name <u>Adolphus? 1 Keller</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>Margaret Jenkins</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Mrs Chas. Hargett</u>	How related to deceased <u>Niece</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Obstruction of Arteries</u>	How long <u>3 days -</u>
Immediate <u>X</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Franklin Budman Jones</u>
<u>2</u>	Address <u>Frederick Md</u>
Accident or Suicide? <u>—</u>	

Buried on Farm, Pearl

April 11 1907

W. H. Hardy

Pearl

Name
in
Full

Mary Elizabeth Kindley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>25</i>	Age <i>77</i>	Months <i>3</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Co</i>		
Occupation <i>H. wife</i>			Where Residing if not at place of death <i>x</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Wm. Jacob Kindley</i>			
Father's Name <i>Ezra Greuter</i>		Father's Birthplace <i>Co</i>			
Mother's Maiden Name <i>Julia Davis</i>		Mother's Birthplace <i>Co</i>			
Name of person giving information <i>Mrs G.W. Miller</i>		How related to deceased <i>Sister</i>		<i>✓</i>	

CAUSES OF DEATH

(91)

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long

Are the name, age, sex, color, date and place correctly given above?

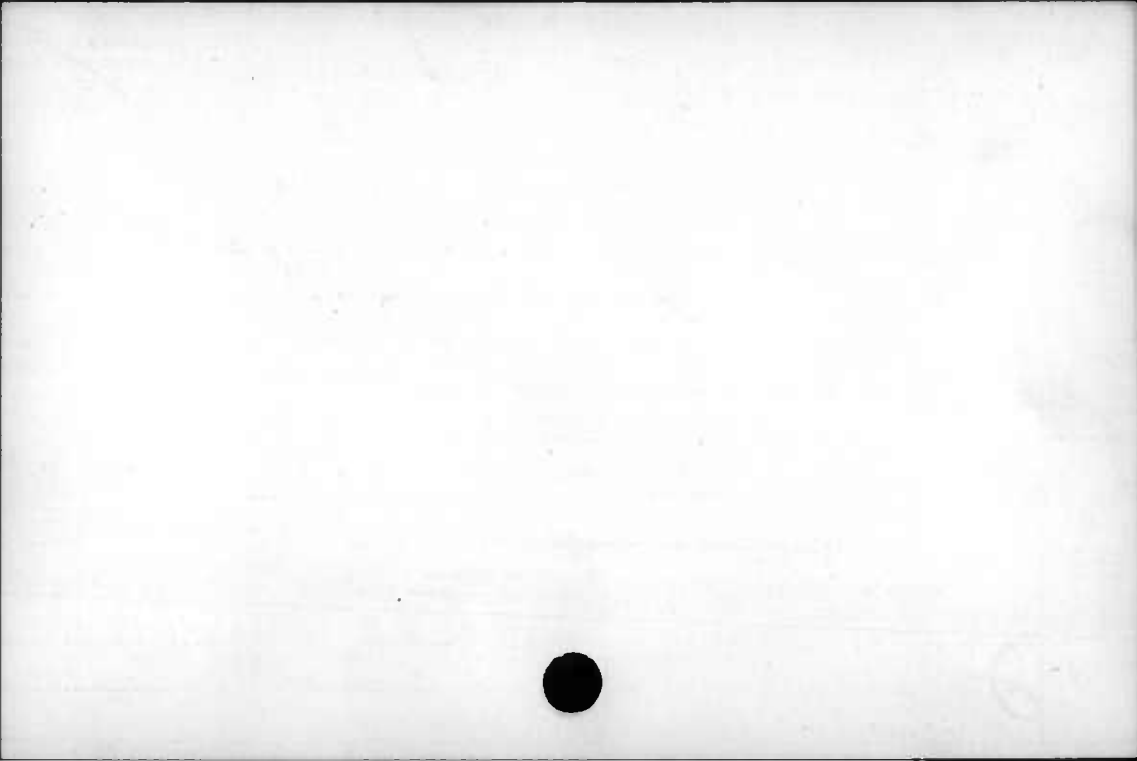
Yes -

Signature of Physician

Address

Franklin Buchanan Smith
Frederick
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

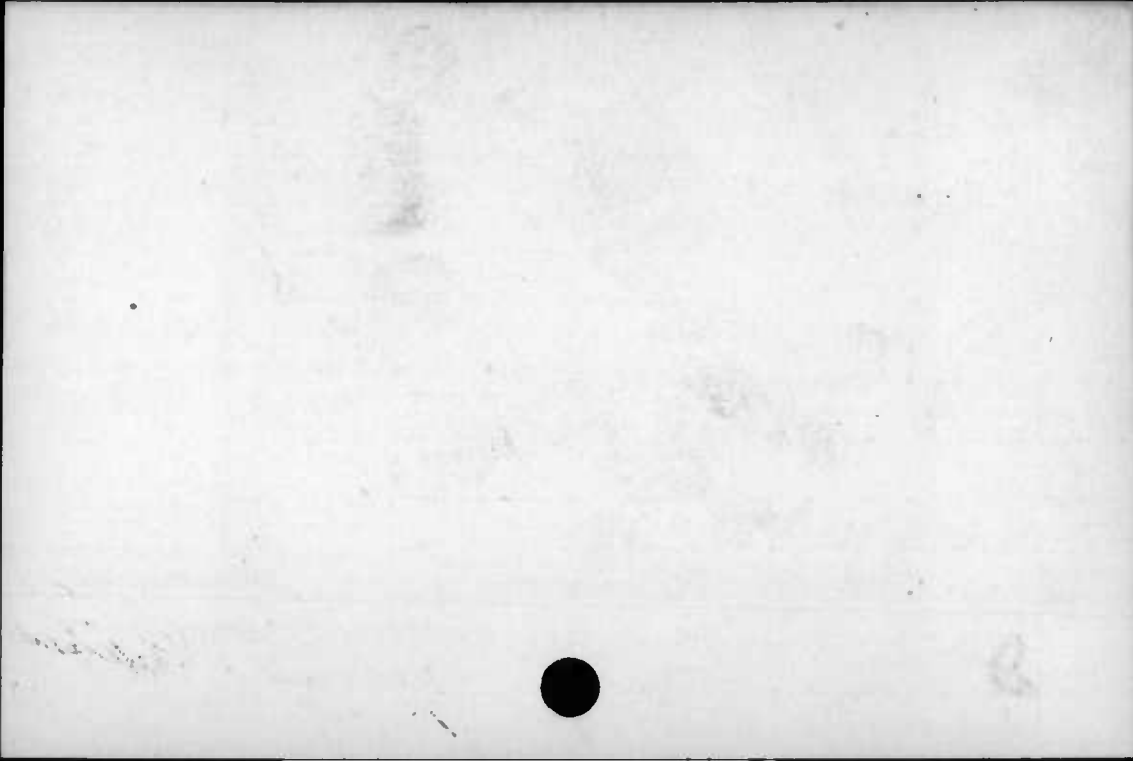
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>King</u> County		MARYLAND		
Date of death	<u>1907</u> Month <u>April</u>	Day <u>15</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>Frederick</u>	
Occupation	<u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
<u>single</u>		<u>—</u>				
Father's Name	<u>Harry King</u>			Father's Birthplace	<u>Frederick Md</u>	
Mother's Maiden Name	<u>Annie Crouse</u>			Mother's Birthplace	<u>Adams Co. Pennsylvania</u>	
Name of person giving information	<u>Jos I King</u>			How related to deceased	<u>Grandfather</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Detached Placenta</u>	How long	<u>4 days</u>
Immediate	<u>Premature Birth</u>	How long	<u>dead when born</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Sabner</u> <u>md</u>
		Address	<u>123 E Church St</u>
Accident or Suicide?		<u>Accident to mother</u>	
		<u>Frederick</u>	



Name
In
Full

Alice E. Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indenuch</i> ^{Town}		<i>Indenuch</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>15</i>	Age <i>1</i> Years	Months <i>10</i>	Days <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Indenuch Md</i>	
Occupation <i>x</i>			Where Residing if not at place of death <i>x</i>		
Married, Single or Widowed		Name of Wife or Husband <i>x</i>			
Father's Name <i>Thomas Kline</i>		Father's Birthplace <i>Indenuch Md</i>			
Mother's Maiden Name <i>Lena Grossnickle</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Father</i>		How related to deceased			

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long
Immediate <i>Brncho Pneumonia</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Emmett Buchanan Smith</i>
<i>D</i>	Address <i>Indenuch Md</i>
Accident or Suicide?	

Interment at
West Church

Apr - 17 -

Thomas P. Rice

Name
in
Full

Louisa Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month <i>April</i>	Day <i>11</i>	Age <i>4</i>	Years <i>4</i>	Months <i>21</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth place <i>Md.</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Arthur Lee</i>				Father's Birthplace <i>Va.</i>			
Mother's Maiden Name <i>Jessie Hunt</i>				Mother's Birthplace <i>Va.</i>			
Name of person giving In formation <i>Arthur Lee</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>Several days</i>
Immediate	<i>Pulmonary Asthenia</i>	How long <i>About 24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		
Signature of Physician <i>D. M. G. Bourne</i>		
Address <i>Frederick. Md</i>		
Accident or Suicide? <i>—</i>		

Greenmount

Apr 13 -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

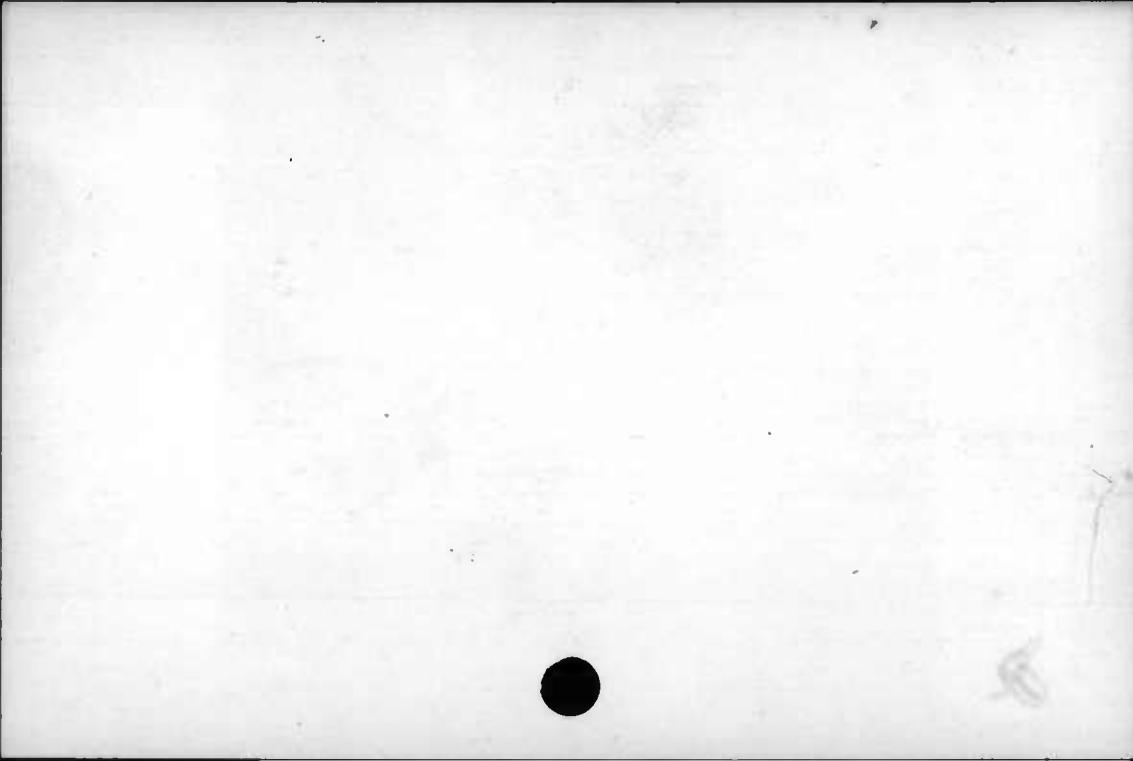
Died at <i>near Garfield</i> ^{Town}		<i>Lewis</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>April</i> ^{Day} <i>11</i>	Age	<i>—</i> ^{Years}	<i>1</i> ^{Months}	<i>16</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>near Garfield</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>William Lewis</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Mary Horroet</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Tom Lewis</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>terrapens Pneumonia</i>	How long	<i>about 6 wks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes-</i>	Signature of Physician	<i>R. Browning for H. Smith</i>
<input checked="" type="checkbox"/>		Address	<i>myersville & Wagsville md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

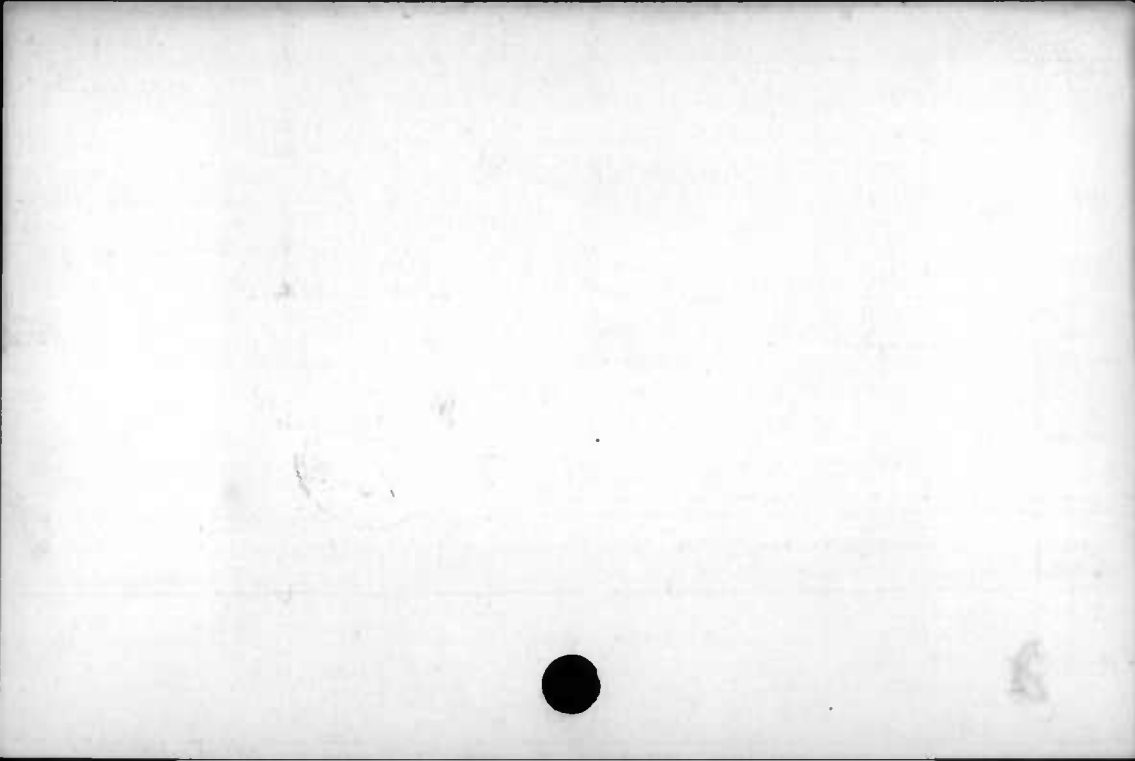
Name in Full		Charles E. Lindsay				Town		Frederick		County		MARYLAND			
Died at		Biom		Month		Day		Age		Years		Months		Days	
Date of death		1907		Apr				Age		—		1		7	
Sex		male		Color or Race		white		Birth- place						Ind	
Occupation		none		Where Residing if not at place of death											
Married, Single or Widowed		Single		Name of Wife or Husband											
Father's Name		Chas Lindsay		Father's Birthplace										Ind	
Mother's Maiden Name		Carrie Hayleigh		Mother's Birthplace											
Name of person giving In formation		Wm Howard		How related to deceased										Niece	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary		Catarrh Stomach		How long			
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		V. E. Stone			
X		Address		Mt Pleasant -			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Marion Long*

Town *Petersville* County *Drednick* MARYLAND

Died at *Petersville*

Date of death *1907* Month *4* Day *15* Age *75* Years *6* Months *19* Days

Sex *male* Color or Race *White* Birth-place *Virginia*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widown* Name or Wife or Husband *Lorina M Washington*

Father's Name *Michael Long* Father's Birthplace *Unknown*

Mother's Maiden Name *Mattie Lilly* Mother's Birthplace *Unknown*

Name of person giving information *S. E. Samuel* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *3 days*

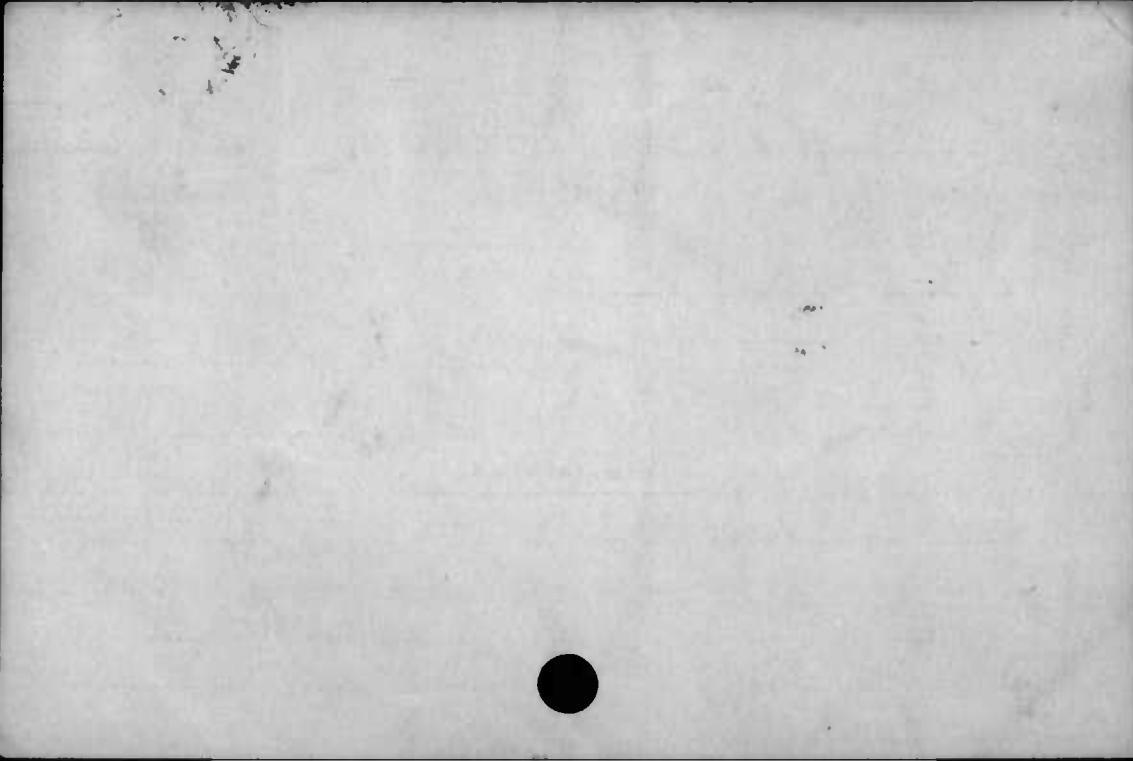
Immediate *—* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Samuel Claggett*

Address *Petersville*

Accident or Suicide? *8*



Name
in
Full

Sarah B. Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

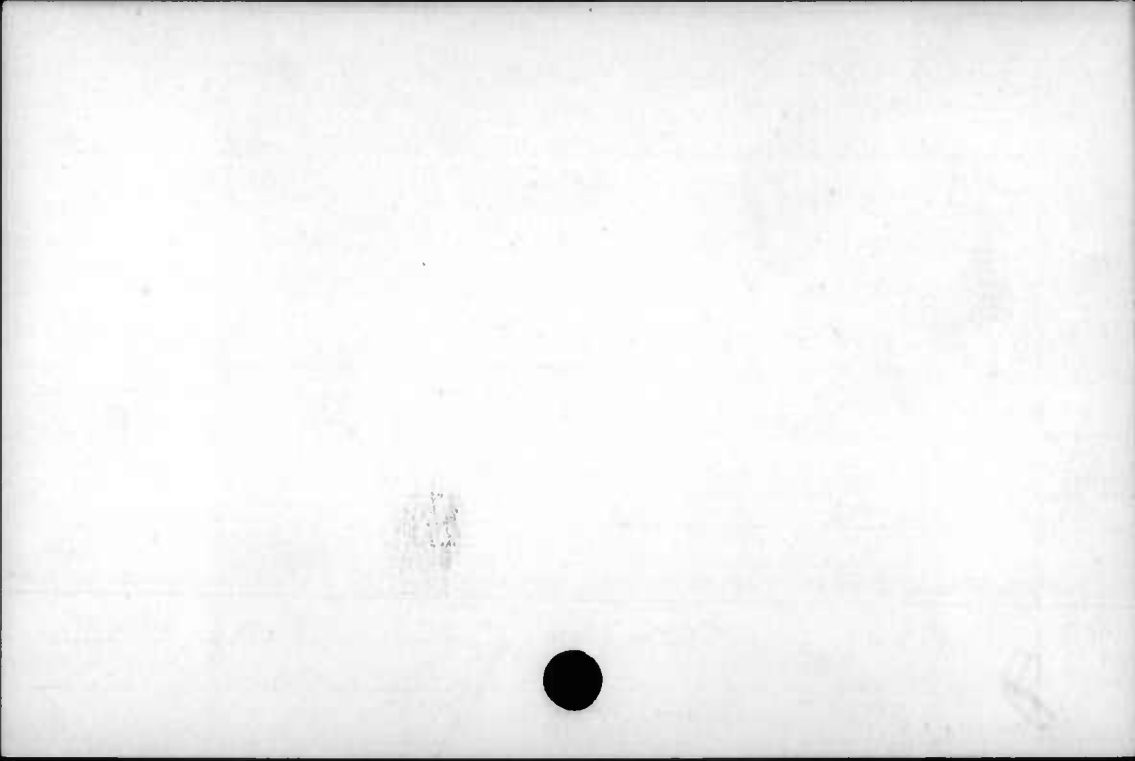
Died at <u>Mrs. Thurmont</u> ^{Town}		<u>Fredrick</u> ^{County}		MARYLAND	
Date of death	1907	Month	April	Day	4 th
		Age	72	Years	
Sex	Female	Color or Race	White	Months	2
Occupation	Domestic	Where Residing if not at place of death		Days	24
Married, Single or Widowed	Single	Name of Wife or Husband		Birth-place	Thurmont Md
Father's Name	John Long	Father's Birthplace	Frank Co. Md.	Mother's Birthplace	Fred Co. Md.
Mother's Maiden Name	Rosie	How related to deceased	home		
Name of person giving information	Mrs. Holt				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease of Heart	How long	5 years
Immediate	Heart failure	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. C. Refawor
		Address	Thurmont, Md.
Accident or Suicide?	No		

79



Name
in
Full

CERTIFICATE OF DEATH

Effie Nora Mc Bride
 Died at ^{Town} Ballenger ^{School House} ^{County} Frederick

MARYLAND

Date of death 1907 4 20 Age 26 Months — Days 20

Sex Female Color or Race White Birth-place F. Co. Md

Occupation House Wife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Orvey H. Mc Bride

Father's Name Michael Knill Father's Birthplace F. Co. Md

Mother's Maiden Name Ellen Garty Mother's Birthplace Wash. Co. Md

Name of person giving information Mrs. Mc Bride How related to deceased Husband

CAUSES OF DEATH

(79)

Primary Mitral Disease How long Since Infancy

Immediate Asthenia How long 2 years

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. P. Fahrney md

Address Frederick Md

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Internment at Mt Olivet

" Apr 22 -

Thomas P. Rice

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Mary A. Mc Nair

Died at *Emmitsburg* ^{Town} *Frederick* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *April* ^{Day} *10th* Age *sixty eight* ^{Years} *eleven* ^{Months} *24* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Emmitsburg, Md*

Occupation *House Wife* Where Residing if not at place of death *f*

Married, Single or Widowed *married* Name of Wife or Husband *Samuel N. Mc Nair*

Father's Name *Joseph Smith* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Mary M. Smith* Mother's Birthplace *Emmitsburg*

Name of person giving information *J. N. Mc Nair* How related to deceased *Husband*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

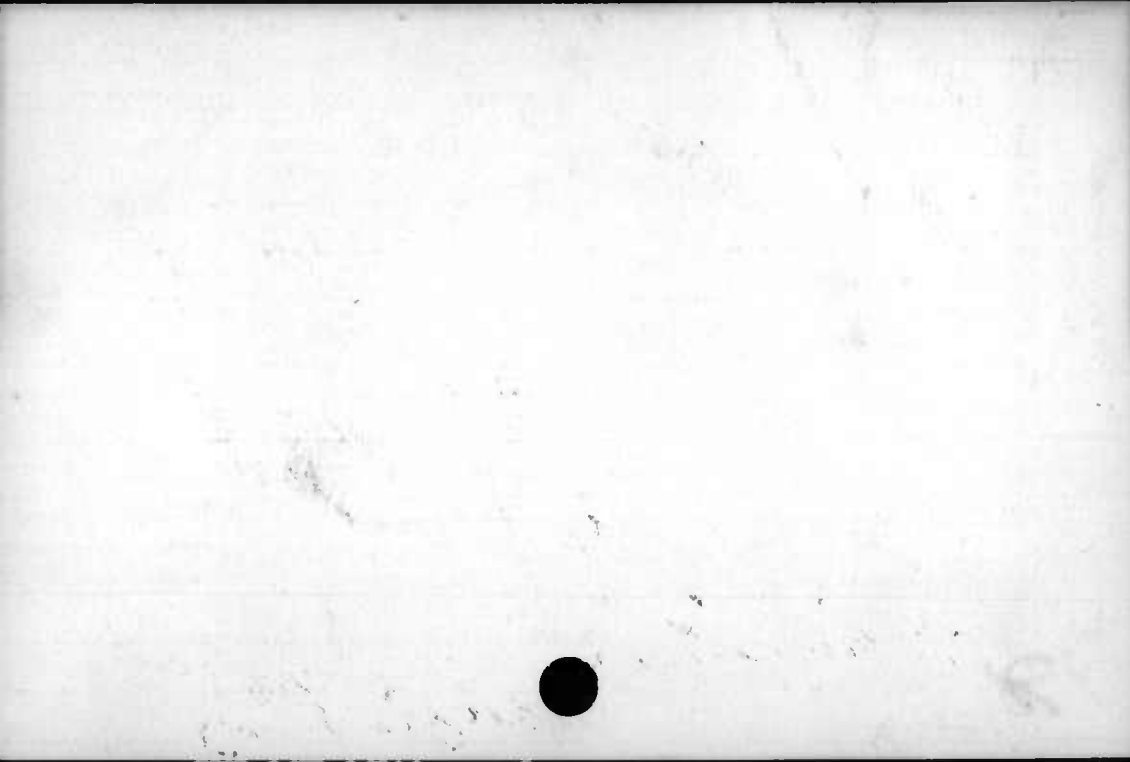
Primary *Chronic Bright's Disease* How long *10 yrs*

Immediate *Uremia* How long *4 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ch. H. Stone*

Address *Emmitsburg, Md*

Accident or Suicide? *2*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>(Mahoney) William</i>		Town <i>Monticome</i>		County <i>Frederick</i>		State <i>MD</i>	
Died at <i>Monticome</i>		Town <i>Frederick</i>		County <i>Co</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1907</i>	<i>4</i>	<i>29</i>	<i>45</i>				
Sex	Color or Race		Birth-place				
<i>Male</i>	<i>Irish</i>		<i>Ta</i>				
Occupation	Where Residing if not at place of death						
<i>Laborer</i>	<i>Burkittsville Md.</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>Married</i>	<i>Wife - Blanche Thurt.</i>						
Father's Name	Father's Birthplace						
<i>Unknown</i>	<i>Unknown</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Unknown</i>	<i>Unknown</i>						
Name of person giving information	How related to deceased						
<i>Dr. H. P. Mahoney</i>							

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary	<i>Alcoholism (Chronic)</i>	How long	<i>Yrs.</i>
Immediate	<i>Asthma + Pneumonia</i>	How long	<i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. P. Mahoney Md</i>	
Address		<i>Frederick Md.</i>	
Accident or Suicide?			
<i>8</i>			



Name
in
Full

Harvey Leroy Miller

CERTIFICATE OF DEATH

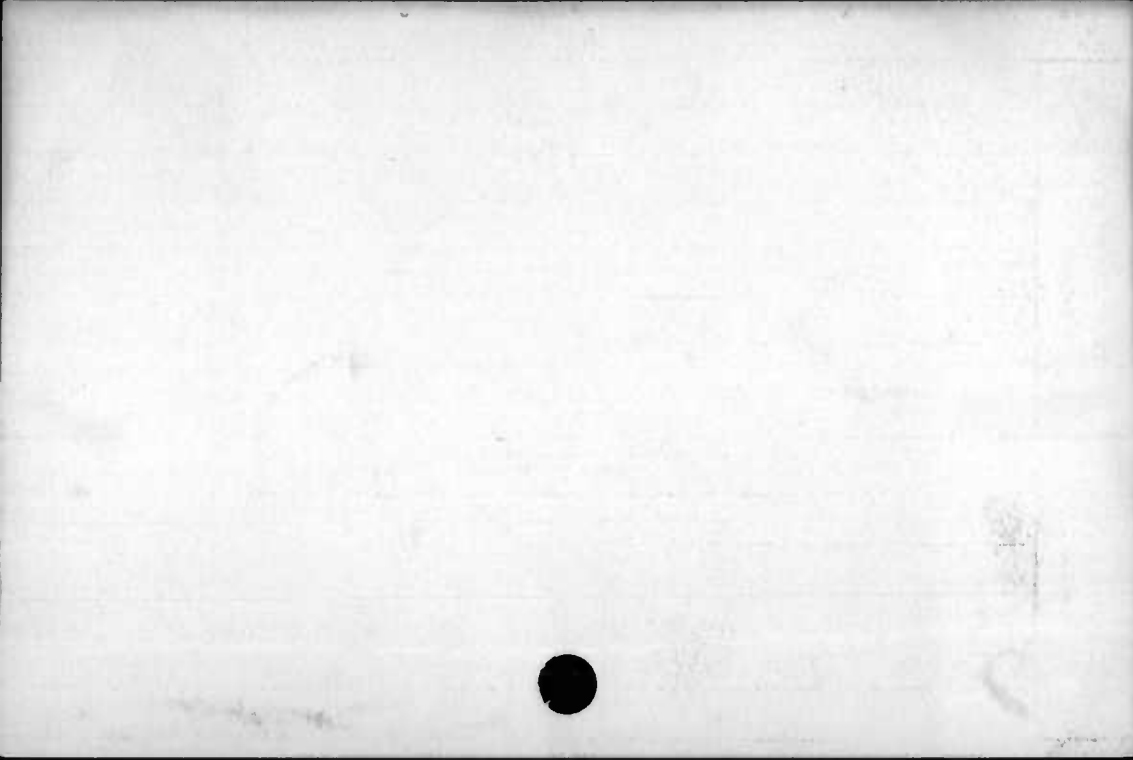
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocky Ridge</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>April</i> ^{Month}	<i>18</i> ^{Day}	<i>17</i> ^{Years}	<i>5</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Rocky Ridge, Md.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George Miller</i>	Father's Birthplace <i>Rocky Ridge, Md.</i>				
Mother's Maiden Name <i>Ida Joanna Clem</i>	Mother's Birthplace <i>Graceland, "</i>				
Name of parson giving information <i>Sarah Brock</i>	How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>5 days.</i>
Immediate <i>Meningitis, Convulsions.</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. W. Diller</i>
<i>J</i>	Address <i>Detroit, Md.</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

Still born female child Miller

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Mon Muddleton*

Date

Month

Day

Years

Months

Days

of death

1907

Apr

23

Age

C

Sex

Female

Color or
Race

White

Birth-
place

Frederick Co Md

Occupation

C

Where Residing if not
at place of death

C

Married, Single
or Widowed

C

Name of Wife or
Husband

C

Father's
Name

Lorenzo S Miller

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Laurie Klipp

Mother's
Birthplace

Frederick Co

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

8

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. S. Buckley

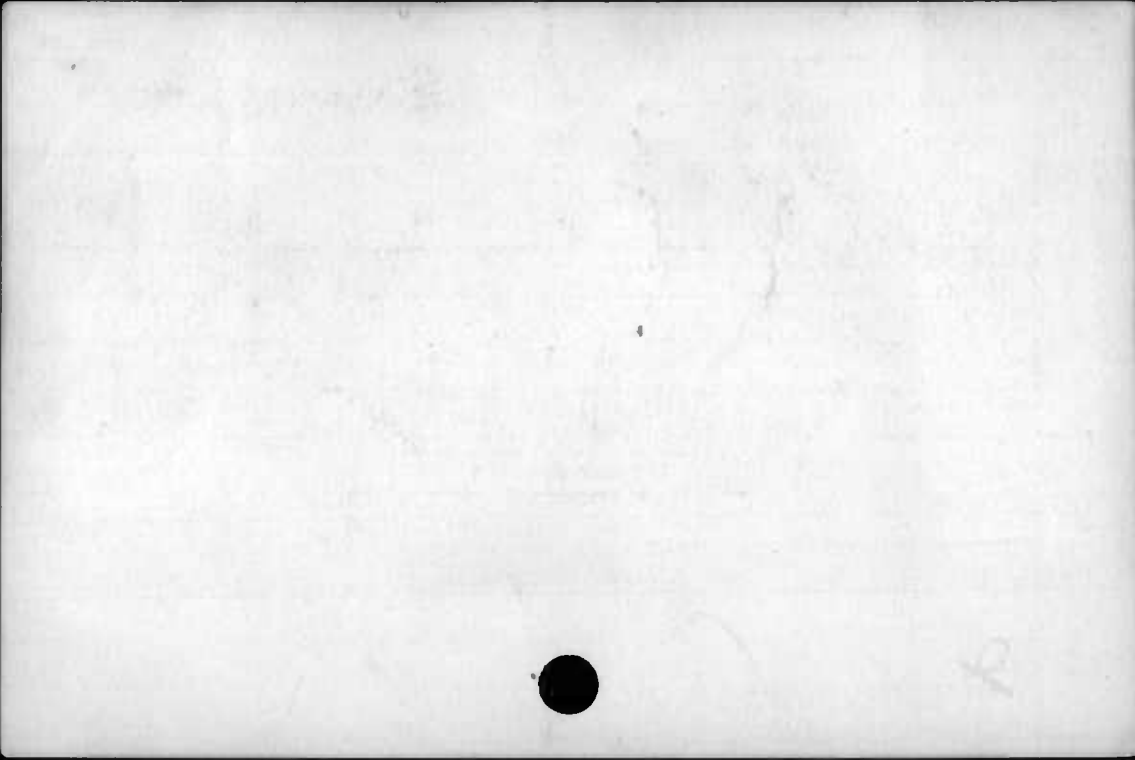
Address

Muddleton

Accident or Suicide?

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth M. Muck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

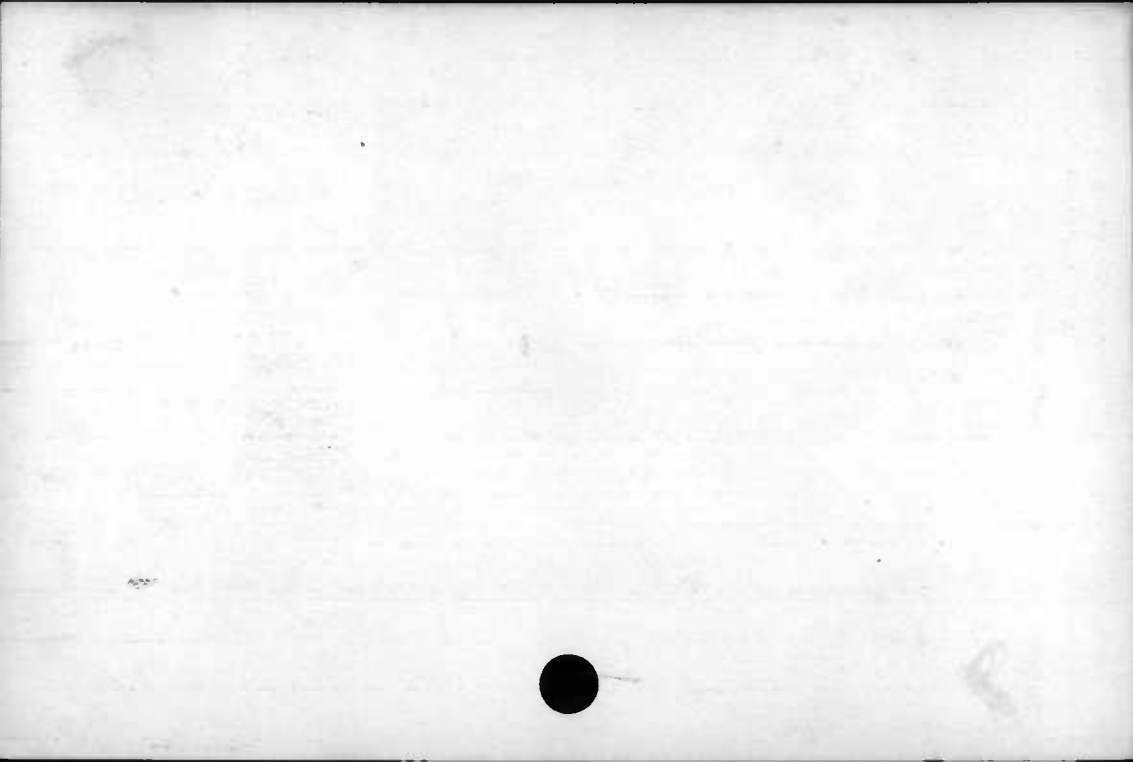
Died at		Town		County		MARYLAND	
13 Brunswick		Frederick					
Date of death	1907	Month	April	Day	15	Years	71
Sex	Female	Color or Race	White	Birth-place	Virginia	Months	11
Occupation	Invalid	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	John C. Muck				
Father's Name	Robert E. Monday	Father's Birthplace	Va				
Mother's Maiden Name	Rosanna Fry	Mother's Birthplace	..				
Name of person giving information	John C. Muck	How related to deceased	Husband				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Five years
Immediate	Acute Gastrointestinal Infection	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. R. C. Muck
		Address	Brunswick, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

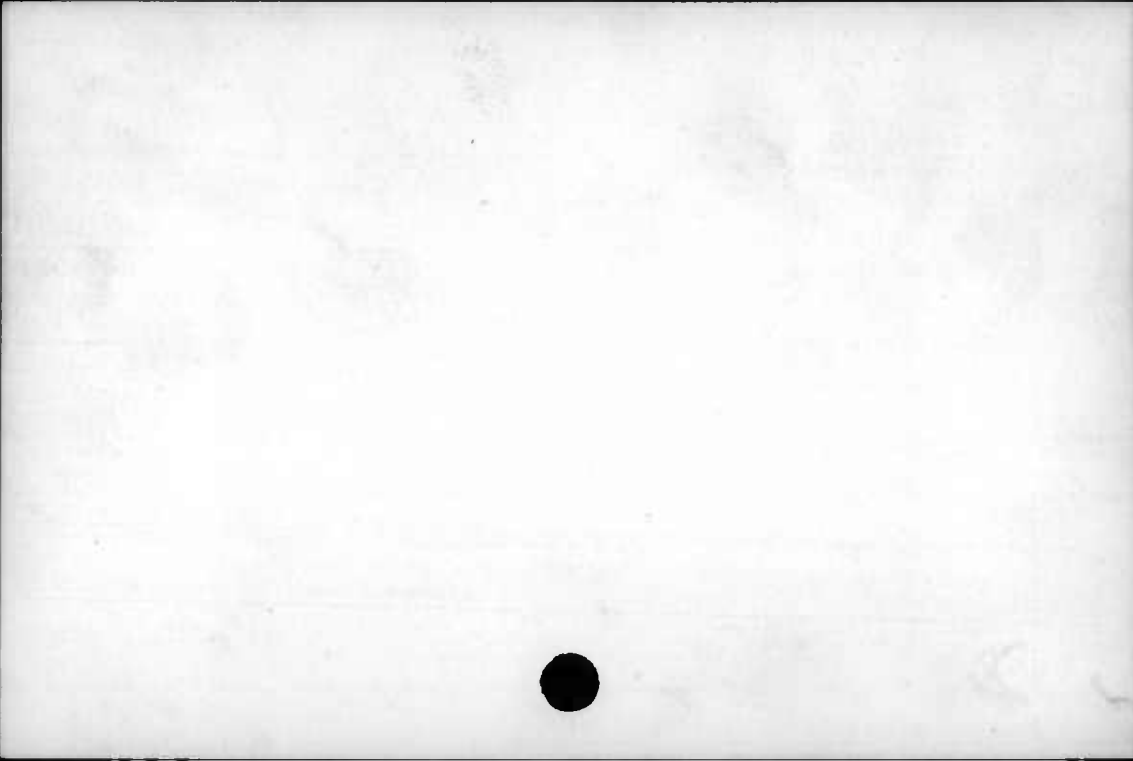
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>19</i>	Age <i>75</i>	Years <i>9</i>	Months <i>9</i>	Days <i>9</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Fredric. Co., Md.</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>100 E. 8th St., Frederick, Md.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mariala Staller Murray</i>					
Father's Name <i>x</i> <i>Unknown</i>		Father's Birthplace <i>x</i> <i>Unknown</i>					
Mother's Maiden Name <i>x</i> <i>Unknown</i>		Mother's Birthplace <i>x</i> <i>Unknown</i>					
Name of person giving information <i>Charles C. Murray</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Softening</i>	How long <i>One year</i>
Immediate	<i>General Asthenia</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. O. Needles, M.D.</i>
<i>J</i>		Address <i>Frederick Md.</i>
Accident or Suicide? <i>no</i>		



Name
in
Full

Emanuel Renner

CERTIFICATE OF DEATH

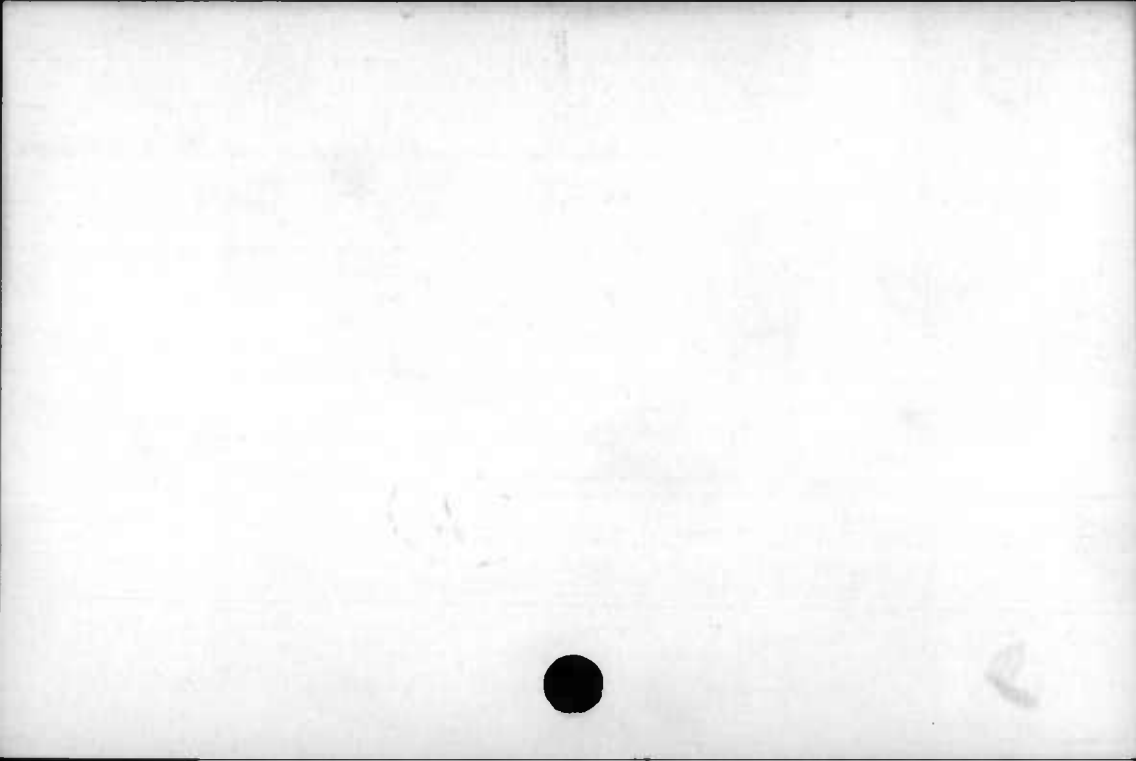
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oak Hill</i> ^{Town}		<i>Lred R</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>April</i> ^{Month}	<i>7</i> ^{Day}	Age <i>76</i> ^{Years}	<i>7</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Nachael A Ashbaugh</i>			
Father's Name <i>Jacob Renner</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Susan</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	(116)	How long <i>5 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Kelly</i>	Address <i>Woodstock Ind</i>
<i>2</i>		
Accident or Suicide?		



Name
in
Full

Jno P Shaffer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tuscarora</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>4</i>	Day	<i>22</i>	Age	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Tuscarora</i>					
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>John P Shaffer.</i>				Father's Birthplace <i>Frederick County</i>					
Mother's Maiden Name <i>Mary Ryncherger.</i>				Mother's Birthplace <i>Petersville</i>					
Name of person giving information <i>J. P. Shaffer</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malformation</i>	<i>150</i>	How long
Immediate	<i>Cyanosis neonatorum</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>ys</i>		Signature of Physician <i>A. H. Conley</i>	
<i>✓</i>		Address <i>Adamstown Md</i>	
Accident or Suicide?			

Mt Olivet Cemetery

Apr 23 1907

L. L. Early —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John A. Simpson</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>20</i>		Years <i>69</i>	
Date of death <i>1907</i>				Age <i>69</i>		Months <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth Place <i>Pa</i>		Days <i>16</i>	
Occupation <i>Policeman</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Pamphill</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>Mrs Simpson</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Viscera</i>	How long <i>27 yrs.</i>
Immediate <i>Asthenia</i>	How long <i>6 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. M. Curdy</i>
<i>J</i>	Address <i></i>
Accident or Suicide? <i></i>	

Interment at St Johns

" Apr 23

Thomas P. Rice

Name
in
Full

Ann Catherine Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Middletown</i>		Town <i>Fred K.</i>		County		MARYLAND	
Date of death <i>1907 Apr. 27</i>		Month <i>Apr.</i>		Day <i>27</i>		Age <i>67</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Md.</i>		Month <i>1</i> Days <i>10</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>near</i>					
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Samuel L. Smith</i>					
Father's Name <i>Lawson L. Lighter</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Catherine Bowles</i>		Mother's Birthplace <i>Middletown</i>					
Name of person giving information <i>Samuel L. Lighter Smith</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart & Kidney diseases</i>	How long	<i>About 5 yrs.</i>
Immediate	<i>Heart failure</i>	How long	<i>" 2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R V Hawver M.D.</i>	
<i>Yes</i>		Address <i>Middletown, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

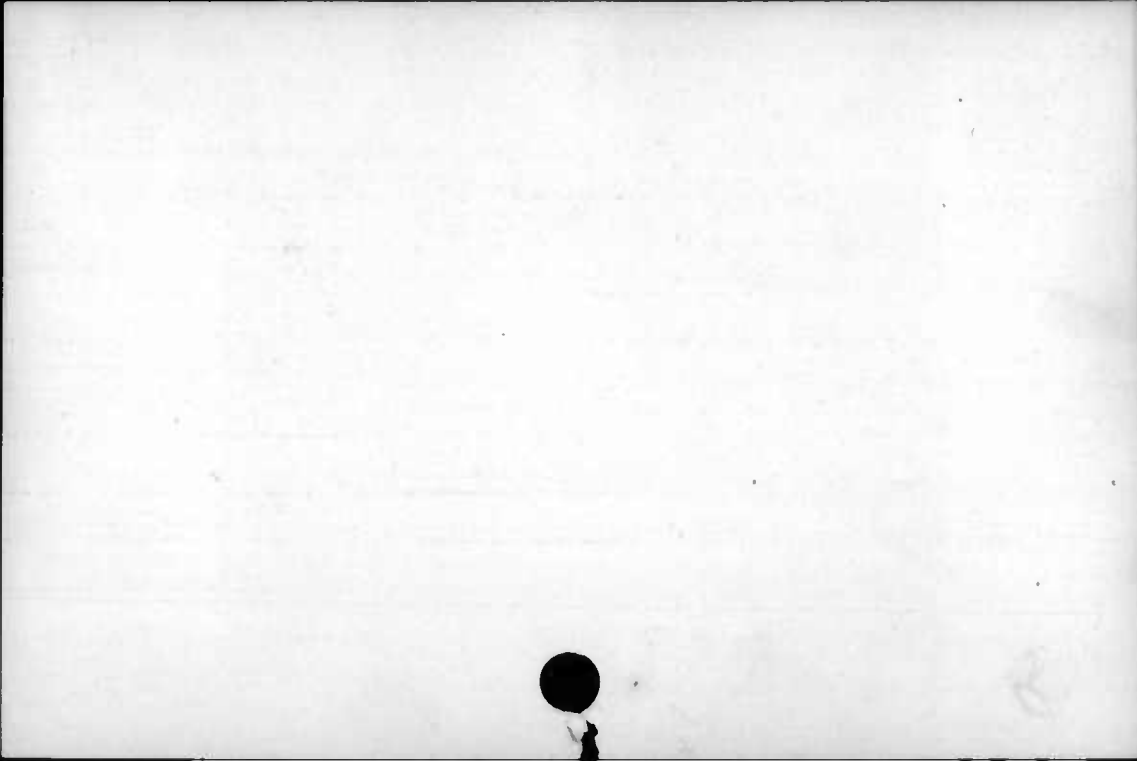
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr.	26	43		8	21
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Salemman			Where Residing if not at place of death	wellsville Md		
Married, Single or Widowed	married	Name of Wife or Husband	Annie M. Smith				
Father's Name	Jacob G. Smith				Father's Birthplace	Md	
Mother's Maiden Name	Lydia Marken				Mother's Birthplace	Md	
Name of person giving information	A. J. Smith				How related to deceased	cousin	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	about 2 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. C. Wheeler.
		Address	Boonsboro.
Accident or Suicide?			per A. J. Smith Md.



Name
in
Full

Florence Amothero

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

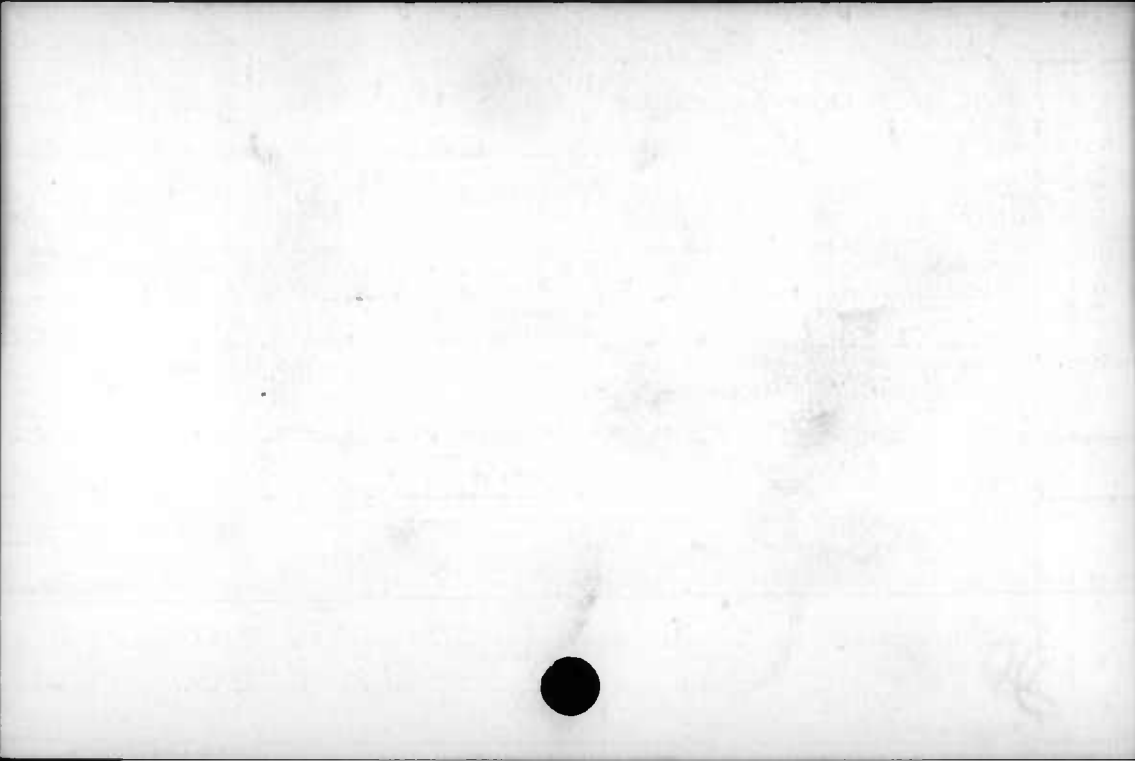
Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	1907	Month	4	Day	24
Age	40	Years		Months	3
Sex	Female	Color or Race	Black	Birth-place	Ind
Occupation	H. W.		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Husband	Frederick Amothero		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Fred. Amothero		How related to deceased	Husband	

CAUSES OF DEATH

119

Primary	<i>Acute Bright's Disease</i>	How long	<i>One month</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>M. Long</i>	
Address		<i>City</i>	
<i>Accident or Suicide?</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

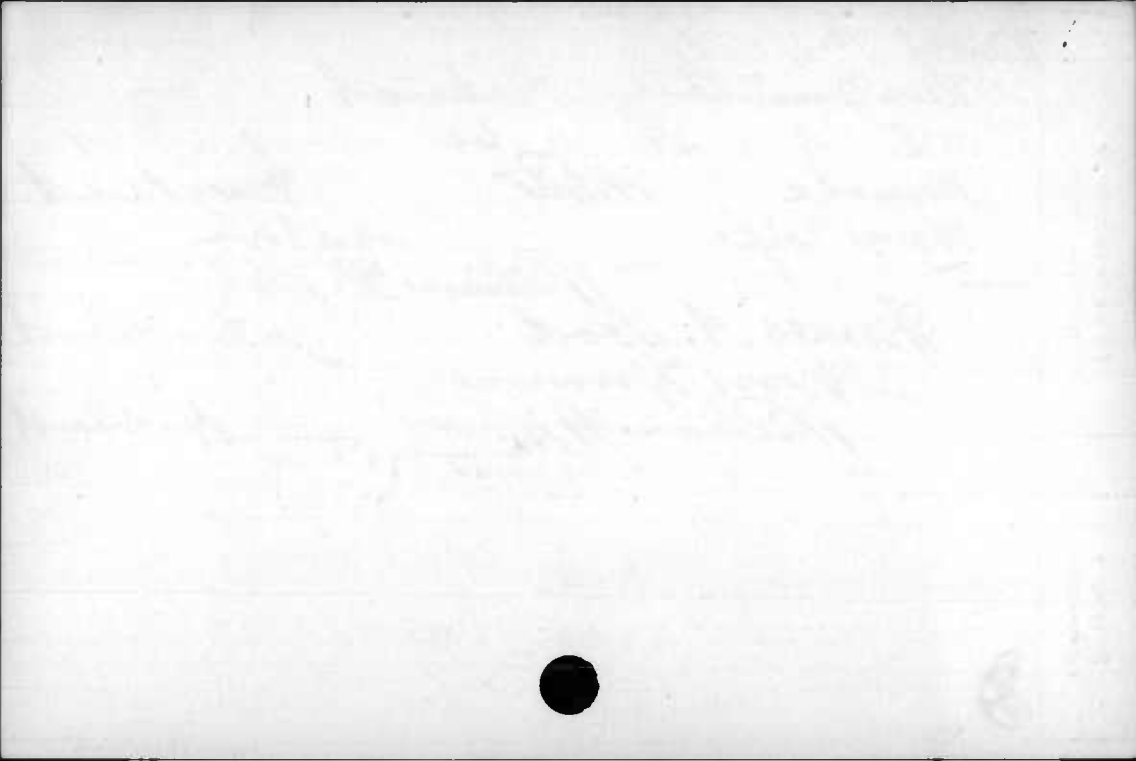
Died at <i>Leviston</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>4</i>	Day	<i>5</i>
Age		<i>65</i>	Years	Months	<i>4</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Merchant</i>		Where Residing if not at place of death	
Married, single or Widowed		<i>Widowed</i>		Name of Wife or Husband	
Father's Name		<i>Peter Wattman</i>		Father's Birthplace	
Mother's Maiden Name		<i>Nancy A. Brown</i>		Mother's Birthplace	
Name of person giving information		<i>Jessie Wattman</i>		How related to deceased	
				<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2-month</i>
Immediate	<i>Toxaemic Heartfailure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. E. Miller</i>	
		Address	
		<i>Frederick Md</i>	
Accident or Suicide?			
<i>2</i>			

27



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Near Emmitsburg</i>		County <i>Frederick</i>					
Date of death	1907	Month <i>4</i>	Day <i>28</i>	Age <i>62</i>	Years <i>1</i>	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Occupation <i>House wife</i>	Where Residing if not at place of death <i>as above</i>						
Married, <i>Single</i> or Widowed	Name of Wife Husband <i>William H. Welby</i>						
Father's Name <i>James A. Wood</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Ann Hummer</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>William H. Welby</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

Primary

Grippe

How long

Immediate

General debility

How long

Are the name, age, sex, color, date and place correctly given above?

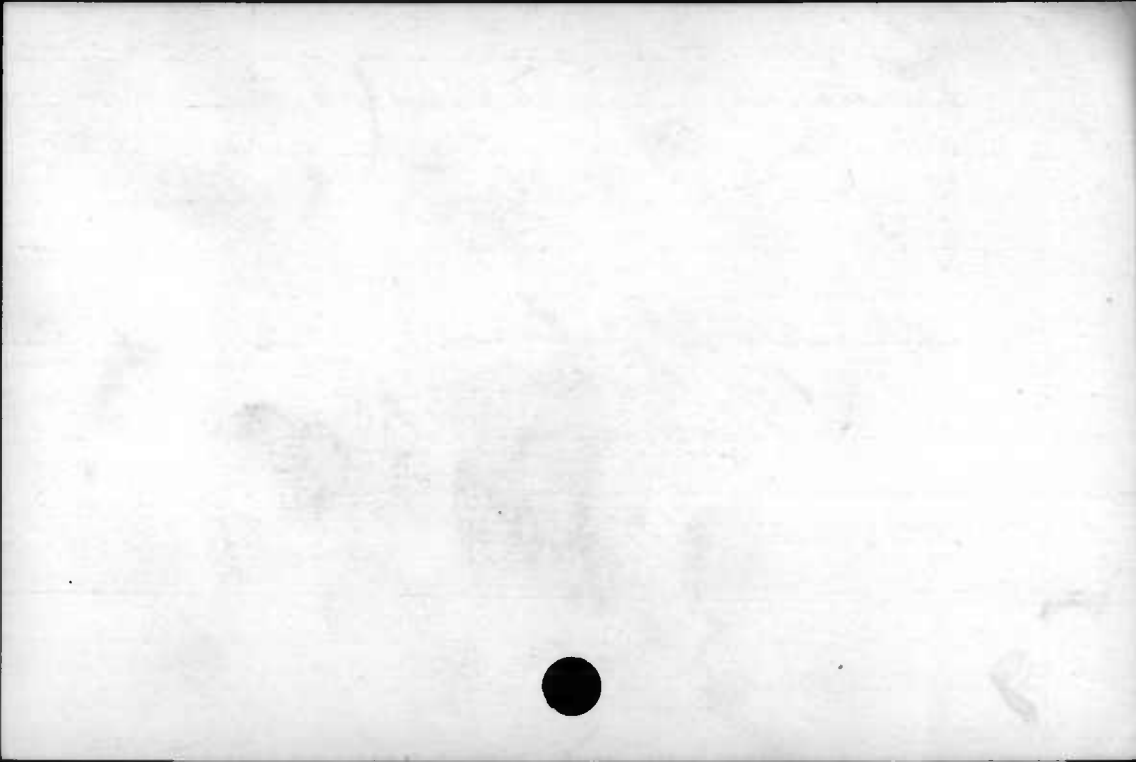
Yes

Signature of Physician

Address

*Emmitsburg**Maryland*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Susan A. Winter*

Died at *Emmitsburg* Town *Frederick* County *MARYLAND*

Date of death *1907* Month *April* Day *6th* Age *56* Years Months *10* Days *26*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Milliner* Where Residing if not at place of death *✓*

~~Married, Single or Widowed~~ *Single* Name of Wife or Husband

Father's Name *Henry Winter* ✓ Father's Birthplace *Md*

Mother's Maiden Name *Mary A. Rowe* Mother's Birthplace *"*

Name of person giving information *Columbia Winter* How related to deceased *Sister*

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary *Cancer of the Breast* How long *two Yrs*

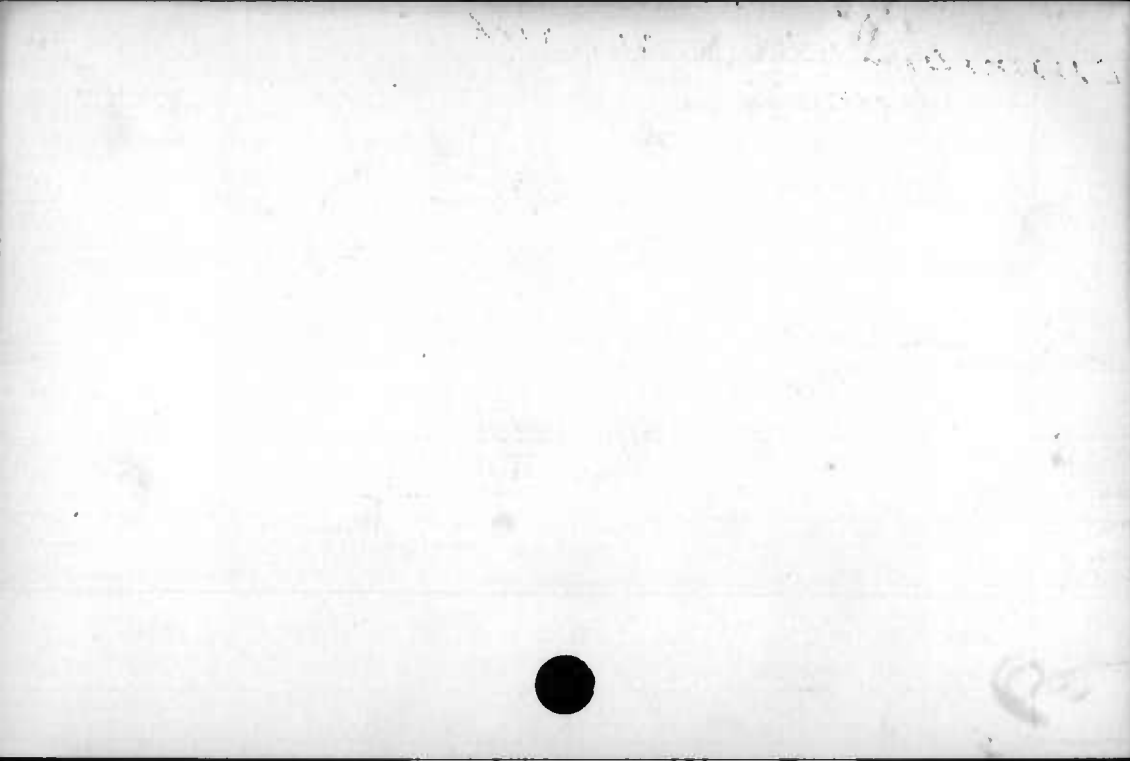
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. T. Stone*

Address *Emmitsburg Md*

Accident or Suicide? *2*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harriet Young* Town *Frederick* County *"*

Died at *Frederick*

Date of death *1907* Month *4* Day *17* Age *71* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *H. Wife* Where Residing if not at place of death *X*

~~Married~~ Single or Widowed Name of Wife or Husband *Oliver F. Young*

Father's Name *Brubru Groves* Father's Birthplace *Pa*

Mother's Maiden Name *Maria Lantz* Mother's Birthplace *Germany*

Name of person giving information *Harry O. Young* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

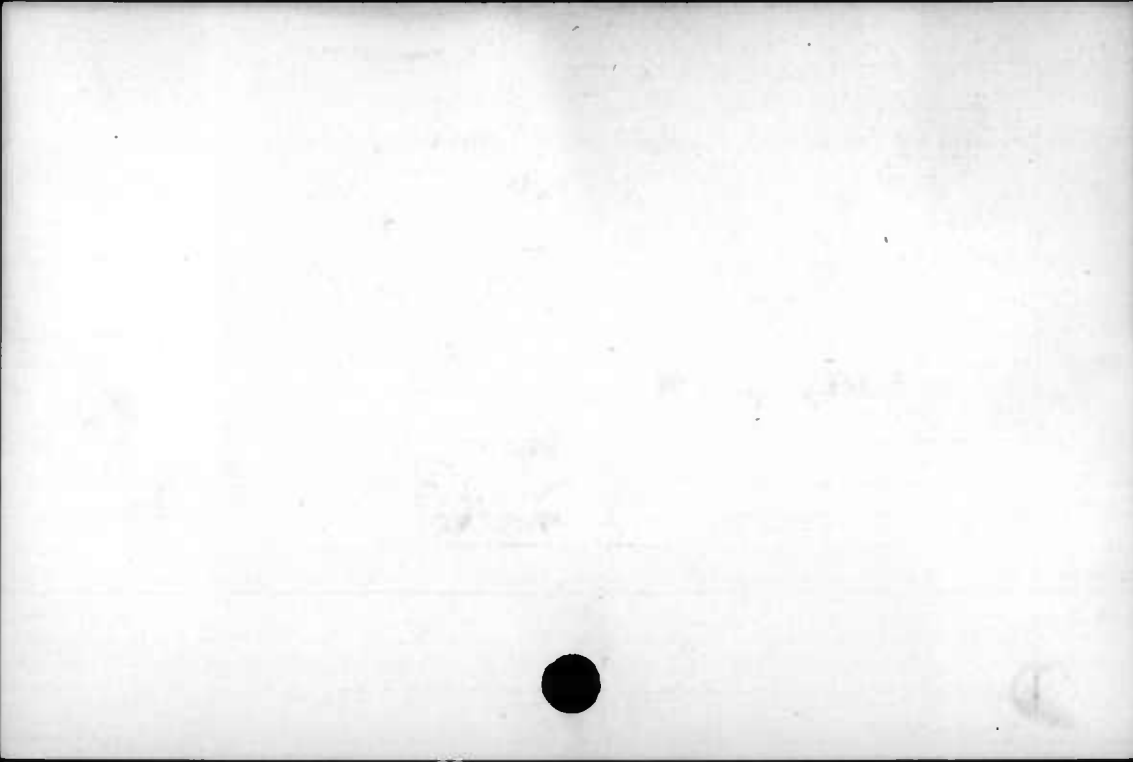
Primary *Angina Pectoris* **80** How long *3 weeks*

Immediate *Paralysis of Heart* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. F. Goodlee, M.D.*

Address *Frederick, Md*

Accident or Suicide? *No*



Name
in
Full

Geo. Youngkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bolivar ^{Town}		Fred Co ^{County}		MARYLAND	
Date of death 1907	April ^{Month}	30 ^{Day}	2 ^{Years}	— ^{Months}	— ^{Days}
Sex male	Color or Race White		Birth-place Fred Co		
Occupation —			Where Residing if not at place of death Fred Co.		
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Wm. Youngkins	Father's Birthplace Fred. Co				
Mother's Maiden Name Mary Moser	Mother's Birthplace "				
Name of person giving information Geo. Moser	How related to deceased Uncle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe	10	How long One week
Immediate Menigitis		How long 24 hrs -
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S. S. Davis	
	Address Brownboro	
		md
Accident or Suicide? —		

